l and 2 r death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely_director, page 3 should be detached far use as the burial-transit permit. Then please remove corban director, page 3 should be detached far use os the burial-transit permit. Then please remove cor shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in ony event

attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CENT	ELCAPE.	OF BEATH	
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CLIVII	ILAIL	OF DEATH	

GIGOU	CERTIFICATE OF DEATH							06577				
DECEASED-NAME	First	Middle	Lost 2a. DATE O				Yegs 68		HOUR			
(Type or print)	FRANCIS C. 4. RACE NEGRO		ALLEN		Mapsh [3 94			00P			
. SEX			S. DATE OF BIRTH	6	. AGE (In years	1.000	R I YEAR	IF UNDER	W. 2			
MALE			10/9/21		last birthday)	MONTH'S	DAYS	HOURS	Min.			
o. BIRTHPLACE (State or foreign	n 7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED T NEVER MARRIED	9. COUNTY OF D	EATH		-					

3. SEX	4. RACE	S.	DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR		R 24 HRS.
MALE	NEGRO		10/9/21		last birthday)	MONTHS DAT	S HOURS	Min.
7o. BIRTHPLACE (State or foreign Country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY U.S.A.	8. MARRIED WIDOWED	NEVER MARRIED	9. COUNTY OF BALT	DEATH MORE COUN	TY.		M
ORT HOWARD	11. NAME OF HOSPI give street address VELT	TALOR INSTITUTION (If not in HOSPITAL	hospital 12a. US during	UAL OCCUPATION	(Kind of wark dane life, even if retired.)	12b. KIND INDUSTRY PAPER		-
13a. USUAL RESIDENCE (Where do odmission) STATE MARYL	eceased lived, if institution: Residence IND 13b. COUNTY	e before 13c. CITY OR TO BALTIM			REET AND NUMBER N. Avond	ale Ro	ad	2000
14. FATHER'S NAME First	Middle unknown	Lost 15. M	OTHER'S MAIDEN NAME	Gertruc	Middle le	All	Last en	
16a. WAS DECEASED EVER IN U.S. Yes, no granknown) (Was	to the state of th	SECURITY NO. 17. INFO		VA HOSE	Address PTAL, FT	HOWARD	,MD.	
PART I. DEATH WAS COMMITTED IN CONDITIONS If any, which grise to immediate cause	DUE TO, OR AS A CONSEQU	NOMA OF ESOF JENCE OF	HAGUS				OXIMATE INTEI N ONSET AND	
1000	(c)		IE TERMINAL DISEASE OF	RCONDITION GIVE	N IN PART I(o)			
19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CON							CERTIFYIN	G

Z.	150 x										
TIFICATIO	19a. DATE OF OPERATION	TE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORA		MED	20a. AUTOPSY? YES	NO.	CAUSES OF DEATH TOPSY				
5	210. ACCIDENT WAS UNDED OR CONTRIBUTING CAUSE ((If either, notify medical e	OF DEATH	21b. TIME O HOUR A.M. P.M.	F INJURY Manth De		21c. HOW	INJURY OCCURRE	D (Enter no	ture of injury in Part 1 or Por	t 2, Item 18.)	
×	21d. INJURY OCCURRED While Not while	21e. PLAC	E OF INJURY	AT HOME, FARM OFFICE BUILDIN	A, STREET, FACTORY,) IG, ETC.	21f. LOCA	TION Street or	R.F.D. No.	City ar Tawn	County	

of work 22a. I certify that (DC(this hospital) attended the deceased from that (A) (we) last 22b

sow the deceosed alive on 5/5/68 19 causes stated above, (1): (we) (did) (did not) view the bady	_, and tha	at in (My) (our) opinian d	eath o	ccurred	an t	ne date and haur and from the
SIGNATURE Daybyst m.D.	DEGREE	ATTENDING PHYS.	MED. DIRECTOR		STAFF PHYS.	X	22c. DATE SIGNED 5/6/68

22d. PHYSICIAN'S NAME (Type)	JOHN D.	TALBERT,	M.	D.	22e. ADDRES	FORT	HOWARD,	MARYLANI
DIDIAL CDEMATION	23h DATE	2	Rr MAI	WE OF CEMI	TERY OR CREMATORY		234 IDEATION	(City or Town)

23a. BURIAL, CREMATION, REMOVAL (Specify) BUR LAL	5-9-68	23c. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL	23d. LOCATION (City or Town) (County) BALT IMORE, MARYLAND
24. FUNERAL DIRECTOR	11 -	ADDRESS LITT CON PUNER AT HOME	25d. REC'D BY REGISTRAR 968 25b. REGISTRAR'S SIGNATURE

State

(State)

VR A15 (4) 30M REV. 1/68-

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CALLED TO SERVICE OF				

Middle Last 2a. DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR IF UNDER 24 HRS. lost birthday) MONTHS OAYS HOURS NOV. 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED [] NEVER MARRIED [ALTIMORE WIDOWED | DIVORCED IX 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12g. USUAL OCCUPATION (Kind of work dane crematian, ar remaval, and in any event, within 12b. KIND OF BUSINESS OR during most of working life, even if retired.) attending physician was carban narmit. Then please remove carban DUNDALK RACTICAL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY DUNDAUL YES 14. FATHER'S NAME Middle Middle Last 15. MOTHER'S MAIDEN NAME First Last S. ALTER DRAKE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na or inknown) (If yes give war or dates of service) DAUGHTER 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) SETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health priar tab 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES | of Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING TEAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. directar, page 3 shauld be detached shauld be filed with the State Dept. af (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY 21d. INJURY OCCURRED City or Town County State While Not while causes stated above, (1) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN NAME (Type) SOLLED 2900 DUNRA BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 25d. REC'D BY REGISTRAR 1968256.

O FUNERAL DIRECTOR: After this certificate has been 30M REV

FUNERAL DIRECTOR

24 haurs after death

requires that the death certificate be executed within

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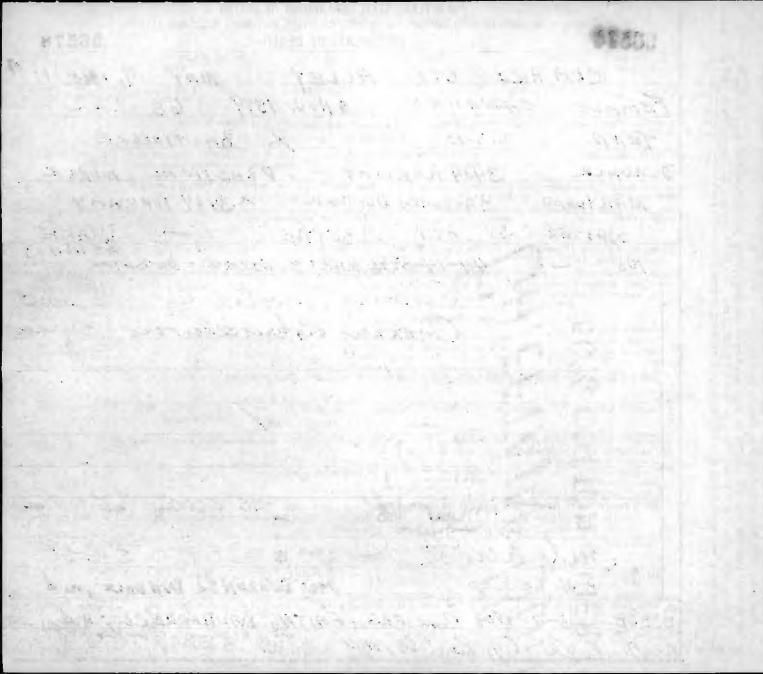
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06579

			-	PICTURE.	CAIL OF	PLAIN					1 25 25	
I. DECEASED-NAME	First		Middle		Lost			DATE OF D			_ 15	2b. HOU
(Type or print)	MARY				ALT			MAY	Manth 16,	1968	S S	5:45
FEMALE	4. RA	CE	WHITE		JANUA	RY 3,	1888	}	6. AGE (In years lost birthday) YR	MONTHS S.		HOURS N
7a. BIRTHPLACE (State or f	areign 7b. CITI	ZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COU	NTY OF D	DEATH			
MARYLAI	ID		.S.A.	WIDOWED	XX DIV	OR CED		LTIM	-			
O. CITY OR TOWN OF DEA TOWSON	TH .		OF HOSPITAL OR INST			12a. USU during m	AL OCCU	PATION (Kind of work dane for even if retired. ARER	12b. Ki INDUS		JSINESS OR
3a. USUAL RESIDENCE (W admission) STATE MAR	rere deceased lived,			13c. CITY O		13d. INSIDE CITY U			WELLBRI	DGE DI	R.	APT.
14. FATHER'S NAME	irst hn	Middle A .	Lost Dauses		IS. MOTHER'S A	MAIDEN NAME !	First	unda	Middle		erbe	Last
160. WAS DECEASED EVER Yes, nor of unknown)	N U.S. ARMED FORCE (If yes give war or dates to	FS? 16	6. SOCIAL SECURITY NO 273-07-78	53B M	INFORMANT	na Wagi	mer,	1641	Address Waverly	Way i	#212	12
Conditions, if only, wrise to immediate costoring the underly last.	VAS CAUSED BY: IMMEDIATE CAUSI (DU hich gave) ause (a), ng cause (DU) FICANT CONDITIONS	(b) P TO, OR AS A (c) CONTRIBUTING	CONSEQUENCE OF				CONDITIC	Dn Given	IN PART 1(o)		APPROXIMA TWEEN ONSI	TE INTERVAL ET AND DEATH
19a. DATE OF OPERATI	on 196, condition		OPERATION WAS PERI	FORMED	20a. AUT		 1		YES, WERE FINDINGS OF DEATH?	CONSIDEREC	D IN CER	TIFYING
OR CONTRIBUTING CITY OF COURT WHILE AT WAY OF WHILE OF WORK OF WHILE OF WORK OF COURT OF WORK OF COURT	cause of PEATH ical examiner) ED 21e. PLACE O at (A) (this hosp ceased alive an	P.M. INJURY (AT OFF	Manth Day Year 19 HOME, FARM, STREET, FACTO FICE BUILDING, ETC. led the deceased	orv.) 216. 1	OCATION Street	CURRED (Ente	1.	City o	in Part 1 or Part 2 ur Tawn AY 16, 1 courred an the 6	County		State X (we) nd fram
22b. SIGNATURE	(2)	Jul	d not) view the b	DEG	REE ATTEND PHYS.	DRESS	MED. DIRECTOR		PHYS. 🚾 M.	ay 16	, 19	68
NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5/18/		23c. NAME OF CO	EMETERY O	762	0 York	23d.	LOCATION	Wson, Md. (City or Town) 1timere.	(Caunty	-	(State)
24. FUNERAL DIRECTOR Leonard J.			ADDRESS				1		25b. REGISTRAR		ng	je.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29-faul's after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 4 68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS,

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

88580

	ECEASEO-NAME First		Middle		Lost	20. DATE OF				2b. HOU:
(Type or print) Vin	cent			AMBROSE		Month	10.	1968	3:15
. S	EX	4. RACE			5. DATE OF BIRTH		6. AGE (In year		IF UNDER 1 YEAR	IF UNDER 24 H
1	Male	White			May 10, 196	8	lost birthdoy)	YRS.	NONTHS DAY	5 HOURS AN
OUI	BIRTHPLACE (Stote or foreign intry) Maryland	7b. CITIZEN OF WH	•	WIDOWED		9. COUNTY OF Baltim	ore,			
7	CITY OR TOWN OF DEATH Towson	give s		HOSPT	PAL during m		ife, even if reti	ired.)	12b. KIND I INDUSTRY	OF BUSINESS OR
	. USUAL RESIDENCE (Where deceos pission) STATE Maryland	ised lived, if instituti		Bald			EET AND NUMB ngshire			
	FATHER'S NAME First Vincen	Middle	iam Ambr		s. mother's maiden name 1	atherine	Mide Dor	dle othy	r (Lost Chapman
	N. WAS DECEASED EVER IN U.S. ARA Yes, not unknown) (If yes give w	MED FORCES? var or dates of service)	16b. SOCIAL SECURITY N	10. 17.	NFORMANT Vincent W.	Ambrese	Addr	ess	(Sa m	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	1-)-	Hya] S A CONSEQUENCE OF	line M	embrane dises	ISE		_		
FICATION	PART 2. OTHER SIGNIFICANT CON		TING TO DEATH BUT NO		20o. AUTOPSY?	20b. IF	IN PART 1(0) YES, WERE FIND	INGS CO	NSIDERED IN	CERTIFYING
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT COL 190. DATE OF OPERATION 19b. 21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medicol exomit 21d. INJURY OCCURRED 212e.	CONDITION FOR WHI	ICH OPERATION WAS PER INJURY Month Doy Yeor 19	RFORMED 21c. H	200. AUTOPSY? YES NO COURRED (Ente	20b. IF CAUSES or noture of injury	YES, WERE FIND OF DEATH?			CERTIFYING
	PART 2. OTHER SIGNIFICANT CON 190. DATE OF OPERATION 19b. 21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination of work of work of work of work of work of work (the sow the deceosed of causes stated above 22b. SIGNATURE AMALDAA.	CONDITION FOR WHI	ICH OPERATION WAS PER INJURY Month Doy Yeor 19 (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. Inded the decease (did nat) view the l	21c. F	200. AUTOPSY? YES NO COURRED (Enter OCATION Street or R.F.D. No 5/10/ , 19 (d that in (my) (our) opideath.	20b. IF CAUSES of noture of injury City inion death a	yes, were find of Death? y in Port 1 or Port Town 5/10/ ccurred an fl	nor 2, lte	County County 68, the and have are signed 10,	of (X (we) or and from

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the La directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1/08

and

MARYLAND STATE DEPARTMENT OF HEALTH 06577 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06581 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH requires that the death certificate be executed within 24 hours ofter death. (Type or print) Harry Curtis Amoss 6. AGE (In years IF UNDER 1 YEAR 3 SEX 4 PACE S. DATE OF BIRTH IF UNDER 24 HRS last_birthday) Feb. 7, 1877 male white 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) U. S. Md. Baltimore WIDOWED XT DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Catonsville HEBUILLE YES WYNN Oak 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER 13b. COUNTY 2206 Pine A.,enue 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Alfred Amoss pleose 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na. ar unknawn) (If yes give war or dotes of service) 219-54-3003JL Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction, acute, death BETWEEN ONSET AND DEATH day DUE TO, OR AS A CONSEQUENCE OF With Right Bundle Branch Block (h) Ateriosclerotic Cardiovascular Ht. Dis. signed by the buriol-transit p Canditions, if any, which gove) li vears . rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause () Arteriosclerosis, Generalized, Senile PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) C) RIJ. Pneumonia a) Obesity, exogenous; b) Left Lower Lobe Pneumonia, Mar. 168, Imp. has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES TE certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. City or Town County State Page 4 may be retained by the hig PuneRAL DIRECTOR: After this While Nat while at work 22a. I certify that (this haspital) attended the deceased from Feb. 26, 1964, to Flay 10, 1900, that (4) (we) last saw the deceased alive an May 1619 68, and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated above, (1) (verticid) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED 5-16-68 shoeld be filed v DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS SPRING GROVE STATE HOSPITAL J. Young, M.D. Anthony NAME (Type) Baltimore, Maryland 21228

23c. NAME OF CEMETERY DR CREMATDRY

DATE

MOONT WIEW

23d. LOCATION (City or Town)

CATROLL COUNTY

25b REGISTRAR S SIGNATURE 1968

(State)

VR A15 (4) 30M REV, 1/68

23a. BURIAL, CREMATION REMOVAL (Specify)

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I. DECEASED-NAME

death

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE OF DEATH	1	3	100
	ASTROP	20. DATE OF DEATH		. HOUR
_	S. DATE OF BIRTH	6. AGE (In years IF UNDER YEAR	IF LIND	ER 24 HRS.

(Type or print)	CHA	RLES	E.	Į.	STROP			4	onth	24	1968	11:10
3. S	MALE		4. RACE	GRO		S. DATE OF B	26/98		6. AG	E (In years birthday) YE	MONTHS		IF UNDER 24 HRS. Hours min
7o. cou	BIRTHPLACE (State or for the Control of the Control	oreign	76. CITIZEN OF WI	A.	8. MARRIED WIDOWED [RRIED 🗍		ITY OF DEATH		Y,		Mo
	CITY OR TOWN OF DEA' FORT HOWAR	ED CE	vei		SPITAL	•	LEBORE	of w	PATION (Kind	OPÉRAT			BUSINESS OR L CO.
	. USUAL RESIDENCE (WHITE IN STREET I		d lived, if institut 13b. COUNT	on: Residence before	13c. CITY OR DUNI		YES N		13e. STREET A	ND NUMBER HESTNU	T ST	REET	
14.		MO ²	Middle	ASTROP Lost	15	MOTHER'S N	aiden name f LAH	First		Middle		EVAN	Lost S
	WAS DECEASED EVER		D FORCES? cocidates of service)	16b. SOCIAL SECURITY 8		FORMANT	cords,	VA I	HOSPIT.	Address AL, FT			
	18. CAUSE OF DEATH A	NAS CAUSED		ne for (o), (b), ond (c). CUTE CONG		HEART	FAILUR	Œ					MAYE INTERVAL INSET AND DEATH
	Conditions, if only, w			S A CONSEQUENCE OF RTERIOSCLE	ROTIC	HEART	DISEAS	SE					
	stating the underlying lost. 4 200	ing couse	(c)	AS A CONSEQUENCE OF									
			,	TING TO DEATH BUT NO ISCLEROSIS	OT RELATED TO	THE TERMINA	AL DISEASE OR	CONDITIO	N GIVEN IN PA	ART 1(o)			
CERTIFICATION	190. DATE OF OPERATION			ICH OPERATION WAS PE	RFORMED	RMED 200 AUTOPSY? 20b			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYI CAUSES OF DEATH?YES			ERTIFYING	
MEDICAL CER	21a. ACCIDENT WAS ☐ DR CONTRIBUTING ☐ (If either, notify med	CAUSE OF DEATH	HOUR A.M. P.M.	Month Doy Year	,	W INJURY OC	CURRED (Ente	er noture	of injury in P	ort 1 or Port	2, Item 1	8.)	
21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while						nty	Stote						

at work at work 22a. I certify that (1) (this haspital) attended the deceased from

saw the deceased alive on 5/21/68 19 , and that causes stated abave, (1) (we) (did) (discuss) view the bady ofter death.

ATTENDING PHYS DEGREE

MED DIRECTOR

FORT

STAFF PHYS.

HOWARD, MARYLAND

and that in ((aur) apinian death accurred on the date and hour and from the

22c. DATE SIGNED 5/24/68

22d. PHÝSICIÁN S NAME (Type)

BUR.AL, CREMATION,
BUR LAT (Specify)

23o

22b. SIGNATUR

KURT RAAB, M. D. 23b. DATE 5**-28-**68

23c. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL 23d. LOCATION (City or Town)

(County) (Stote)

director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or ≡moval, and in ony event, within 72 haurs **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. VR A15 (4) 30M REV 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Poge 4 may be retained by the hospital or ottending physicion.

FUNERAL DIRECTOR

ADDRESS CHARLES R. LAW FUNERAL Medicon Ave. Beltimore

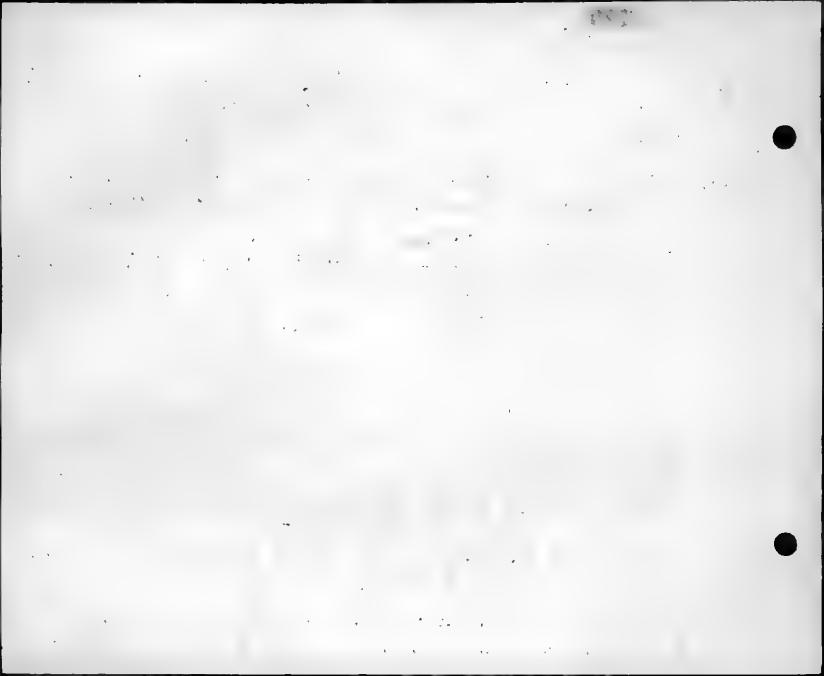
22e. ADDRESS VAH

250. REC'D BY REGISTRAR
HOME AY 2 7

BALTIMORE, MARYLAND 25b. REGISTRAR'S SIGNATURE



		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1 %			. = 5 ;
		Item#7b,Film#G401 5/31/68km CERTIFICATE OF DEATH	3 3
£ \=\C\\	1. DI	DECEASED-NAME First Middle Last 2a. DATE OF DEATH Month Day	2b. HOUR
号 景信報 /	L'	LC C. SOUTKI	68 11 P.M
草(有其草)	3. SE	San	R 1 YEAR OF UNIOER 24 HRS.
E E		Mode Wille 4-23-1012 76 YRS.	BRIS HOURS HIII.
10 A 10	7o, (BIRTHPLACE (Stote or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
d in ders 72 }	1001	MARKIEU NEVERMARKIEU NEVERMARKIEU SALTO	Md.
filled pape thin 7:	10. 0		KIND OF BUSINESS OR USTRY
withi		Towson Breater Balto, Medicenter Retired Ret	Owner
ed v	13a	a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
ecuted with completely nove corban y event, wi	Vuill	mission) STATE Maryland 136 COUNTY Balto. Baltimore YES NO X 2916 HILLCRE	ST,
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S PHYSIC the hospi this certi detached e Dept. or	_	21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AF HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City ar Tawn Count at work at work	ilà 2igie
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Affe Affe be Ste		22a. I certify that (I) (this hospital) attended the deceased from 3-15, 19-68, to 5-24, 19-68 saw the deceased alive an 3-24 19-68, and that in (my) (our) opinion death occurred on the date and	d hour and fram the
# # # # # # # # # # # # # # # # # # #		causes stated abave, (I) (we) (did) (did nat) view the bady after death.	
OR ATTER be retaine DIRECTOR: 3e 3 shoulded with th		22b. SIGNATURE 22c. DATE SIGNATURE 22c. DATE SIGNATURE	
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TAI noy AI pag pag be fi		22d. PHYSICIAN'S NAME (Type) LILIA C. BALDONADO 22e. ADDRESS BAME	
O HOSPITAL Page 4 moy O FUNERAL I director, pag		1	((4.4.)
Page /	23 a.	REMOVAL Specify 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cour REMOVAL Specify) 5/28/68. Greek Ortho. (emetery Baltimore, Md.	nty) (State)
2-2			ORE. A.M.
30M REV 1788	Ĺ	eonard J. Ruck, Inc. Balto. Md. 21214 250 RECD BY REGISTRAR 256. RECISTRAR SUGNAL	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death funeral and (Type or print) Manth Howard Baetjer 3. SEX 4 RACE S. DATE OF BIRTH last birthday) Dec. 20. 1879 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8. MARRIED [NEVER MARRIED [] country) Balto.Md. U. S. A. Baltimore WIDOWED | DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OF Vernon Mill admission) STATE 13b COUNTY NO Valley Rd. &Pk. HeightsAve Balto. Stevenson 14. FATHER'S NAME First 15. MOTHER S MAIDEN NAME First John G. Baetjer Mary Koppleman 16b. SOCIAL SECURITY NO. Address 21055 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes na, ar unknawn) (If yes give war or dates of service) 212-10-7096 H. Norman Baetjer, Jr. Garrison, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g. DATE OF OPERATION 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES [] 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Day Yeor 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22c DATE SIGNED 22b. SIGNATURE Poul N Royse in A. DEGREE ATTENDING PHYS ZI MED.
DIRECTOR 22e ADDRESS 22d PHYSICIAN'S 1403 Foley Lane Balt. Dr. Paul H. Royse NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 236. DATE (County) (State) 23a BURIAL, CREMATION Baltimore. Greenmount 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd.



FOR STATE HEALTH DEPT.

delay Pages haurs after death Give forwarded to the Chief Medical Examiner's Office alang land 2 Tem | This certificate should be executed within 24 pages pencil E ,⊑ writing the word o be used the certificate, 3 should DICAL EXAMINER: crematian, FUNERAL DIRECTOR: Page please execute tuneral directar. O DEPUTY Health

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN 1. DECEASED-NAME Middle Lost Month (Type or Print) ESTI-Christine M. Baumback DEATH MATED IE UNDER 24 HRS 4. RACE S DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 3. SEX Female White 9/5/1885 82 YRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED 9 COUNTY OF DEATH country) WIDOWED . DIVORCED [Maryland USA Baltimore 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done give street oddress 2300 Poplar Drive during most of working use even if retired) Woodlawn 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN death 13d INSIDE CITY LUMITS? 13e. STREET AND NUMBER odmission) STATE Mcl. 13b COUNTYBaltimore 2300 Poplar Drive Woodlawn YES NO E 14 FATHER'S NAME Fist Lost 15. MOTHER'S MAIDEN NAME First Middle Frank Knel. Anna Regar hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (Yes, no, arunknown) 217-48-7589 William F. Barmback 2300 Poplar Drive event within IB. CAUSE OF DEATH (Enter only one couse per lame for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval, 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of incry in Port 1 or Port 2, Item 18.) PRIMARY TOR CONTRIBUTING HOUR A.M. MEDICAL CAUSE OF DEATH

21d. NLURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City of Town factory, office building, etc.) AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry

Accident .

ACTUAL SIGNATURE

Notural couses of

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X ADDRESS(Street, city town, or county)

2So REC D BY REG STRAR

Homicide

CHIFF MEDICAL EXAMINER

22b DATE SIGNED

Maryland

County

BURIAL CREMATION REMOVA (Specify) Burial

NAME (Type)

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5/22/68

23b DATE

NAME OF CEMETERY OR CREMATORY MEW CATHEORAL

Suicide

23d LOCATION (City or Town)

Undetermined monner

(County) (Stote)

20. AUTOPSY?

YES 📄

NO [

Stote

Year

12b KIND OF BUSINESS OR

None

INDUSTRY

2d HOUR

24 FUNERAL DIRECTOR

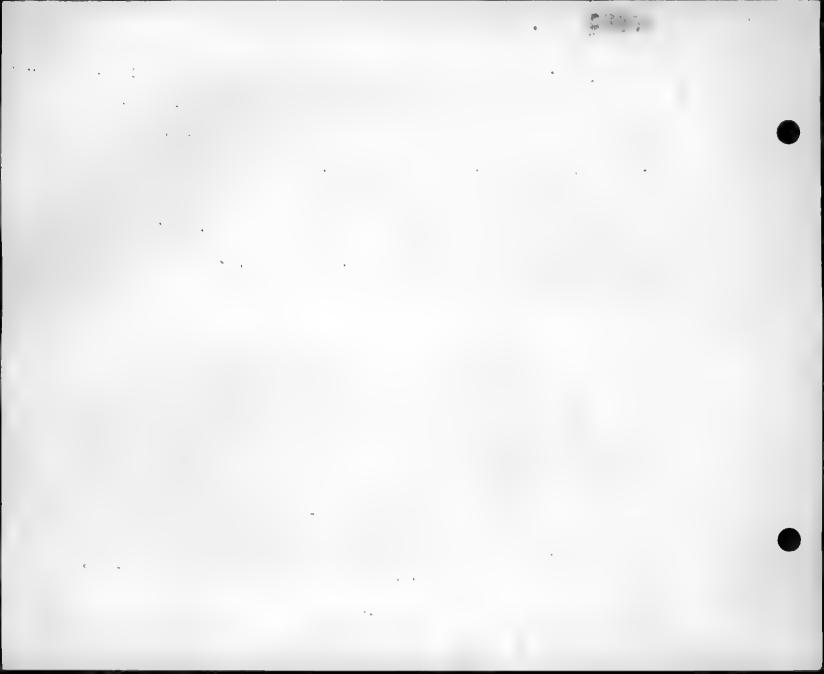
ADDRESS J. T. Stansbury 6411 Windsor Mil1

1968

Baltimore

end in my opinion

0_1	MARYLAND STATE DEPARTMENT OF HEALTH OF SERVICE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	~86
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Yeor 2b HOUR
lay's 13 ta Page enfaf	(Type of Print) DEBORAH JO BAUMOEL OF ESTI- DEATH MATED May 1.	8, 68 7:45 ^a
ry delay 2, and 3 PM3. Pa	3. SEX 4. RACE S DATE OF BIRTH 6 AGE (in years F-MDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS CAYS HOURS MIN MONTH MAX DDY 1.8	2d. HOUR
ny del 2, and PM3.	TRS TRAY TO	, Yeor 1968 7:45 _M
- E &	76 SIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY WIDOWED DIVORCED Baltimore	Md
Give Pages 1, and with farm the State De	10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hosp-to. 120 USUAL OCCUPATION (Kind of work done 1	126 KIND OF BUSINESS OR
r death ve Page g with t	DAE TO LONG	NO STRY SCHOOL
s after 18 Giv e alang 2 with i	130 US.A. RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN odmission) STATE Virginia 13b COUNTY Roanoke 13d INSIGE CITY LIMITS? 13e STREET AND NUMBER 2142 Pellham Dr	ive
24 haurs 1 them 1 is Office	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
Z = Z	WALTER J. BAUMOEL EULAH JOHNSON 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 160, SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 2.446	
within 2 pencul in caminer's te pages 72 hays	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or junknown) (If yes give war or dates of service) (Yes, no, or junknown) (If yes give war or dates of service) WALTER J. BAUMOEL ROA.	2 PELLHAM DR.
ite shauld be executed with the ward "pending" in per to the Chief Medical Exar a burial-transit permit. File ind in any event within 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPRÖXIMATE INTERVAL BETWEEN ONSET AND GEATH
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Thrs cate, be fa	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	YES X NO
ER: certifi auld les should lian, o	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street) 21f IOCATION Street or R.F.D. No. (Ity or Your Death of the Post of Town)	11 10.7
	the state of the s	County State
bical EXAMINER: se execute the certi ctar Page 4 shauld ned far yaur files ECTOR: Page 3 shou i burial, crematian,	WHIRE NOT WHILE foctory, office building, etc.) AT WORK AT WORK	
AL Executive for far far far rist,	220. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🗌, Inquiry 🗍	and in my opinian
director director etained DIRECTOR	death resulted fram: Natural causes (x), Accident [], Suicide [], Homicide [], Undetermined manner []
ITY Please e eral director be retained RAL DIRECTOR prior to bu	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER 22b. DATE S.	IGNED
o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your 3 FUNERAL DIRECTOR: Page Health priar to burial, crem	SIGNATURE C SIGNATURE SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) ADDRESS(Street city, frown property) ADDRESS(Street city, frown property)	18, 1968
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	DALITMORE, MD,	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 26588 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED-NAME First Last law requires that the Lemth certificate be executed within 24 houm offer death. (Type or print) SEX S. DATE OF BIRTH 6. AGE (In years lost birthday) MONTHS OAYS HOURS 9. COUNTY OF DEATH 70. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIÉD WIDOWED DIVORCED the attending physician ond completely filled within NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most-of warking life, even if retired) Housewile timore RETIREC ANTIMORE Ned or removol, and in any event, 13e STREET AND NUMBER 13a LSUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY YES T IOWSON 14. FATHER'S NAME Middle Middle IS. MOTHER'S MAIDEN NAME First Last Teven 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Yes, no or unknown) (If yes give war or dates at service) 243-01-562 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) burial, cremotion, Conditions, if ony, which gave) burial-transit rise to immediate cause (o). signed by DUE TO, OR AS attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been of Heolth prior to CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🛮 O HOSPITAL OR ATTENDING PHYSICIAN: 'Page 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. be detoched 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION 21e. PLACE OF INJURY State Dept. Street or R.F.D. Na. City or Town State County OFFICE BUILDING, ETC While Not while at wark 22a. 1 certify that ((this haspital) attended the deceased fram-should director, page 3 should should be filed with the 22b, SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 6701 N.Charles St.#21204 EIFFE 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIA., CREMATION (State) Pine View Cemetery FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 30M REV, 1/68 John Burns Sons, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



1968

requires that the Death certificate be executed within 24 Daurs **O FUNERAL DIRECTOR:** After this certificate has been signed by the attending phy director, page 3 shauld be detached far use as the burral-transit permit. Then be retained VR A15

physician and campletely filled in

please remave carban

30M REV. 1/68

Schimunek Funeral Home, Inc. 3331 Brehms Lane



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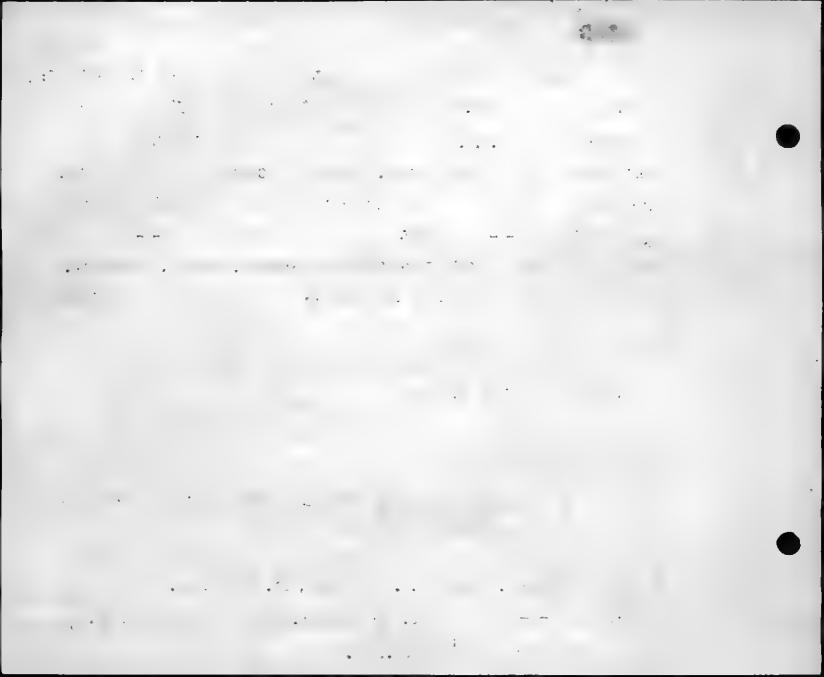
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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2 -1		1 DE	CEASED-NAME	First	Middle	Lo	t	20. DATE OF DEATH		2b. HOUR
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you hour	1)	70. B	SIRTHPLACE (State or fore)		WHAT COUNTRY?	B. MARRIED NEV		COUNTY OF DEATH	FICS	
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TO DO		10. C	ITY OR TOWN OF DEATH	11	NAME OF HOSPITAL OR INS	TITUTION (If not in ho	pitol 120 USUAL	OCCUPATION (Kind of wor	rk done 12b KIND	O OF BUSINESS OR
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com ove y ev	,	_	ssion) STATE MARYLAND		·	BALTIMOR	£	_ 2040 CEC	CIL AVENUE	
nd rem	J.	14 F	ATHER'S NAME First			1	R'S MAIDEN NAME FI		Middle	Lost
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icate ha for use Health (216 ACCIDENT WAS UN		OF INJURY M. Month Doy Year	21c. HOW INJU	RY OCCURRED (Enter	noture of injury in Part I a	r Port 2, Item 1B.)	
作品を		MEDICAL	(If either, notify medical	exominer) P.I	VI. 19					
s ce achie			21d. INJURY OCCURRED While - Not while -	21e. PLACE OF INJUR	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION	Street or R.F.D. No.	City or Town	County	Stote
det det			While Not while at work			N/AV	111		68	1 10 1
ope Start		П	22a. I certify that	(# (this hospital) o	ittended the decease	ed from NOV	in /24 , 1901	, toMAX nian death occurred or	s the date and be	hat (M) (we) last
# B &			couses stated	abave. (b) (we) (di	d) scickard) view the	bady after death.	in (add (oor) ohii	nan aeam ottoriea oi	Time date and no	Jor and train the
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ed %			Corres	60 1//w	ancas in	. DEGREE P	TTENDING 🔲 ME Hys. Dii	ED. STAFF PHYS.	5/5/68	1
11 gg	1		22d. PHYSICIAN'S	11		2:	e. ADDRESS			
er, l			NAME (Type)	CONRADO L.	MANCAO, M.I	•	VAH, PT. H	HOWARD, MD.		
D FUNERAL DIRECTOR: After this certi director, page 3 should be detached shauld be filed with the State Dept. of	1	23o.	BURIAL, CREMATION,	23b DATE		CEMETERY OR CREMA		23d. LOCATION (City or To		(etat2)
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the shauld be filed with the State Dept. of Health prior to	A		BATAT RETORY	5-9-68		NATIONAL		BALTIN		445
•	[4]	24.	FUNERAL DIRECTOR		1701 DRESS	URENS ST.	250 E A M	REGISTRAR 96856 RE	CHSTONES STEMPORE	
VR A15 (30M REV 1	1/68	3/	FORTON & DYT	TARGINITY TIMERAT	HOME BATT	O. MD.	DATE	P4 T		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Le executed within 24 hours ofter diaghth. Poge 4 may be retained by the haspital or attending physician.



26586

Female

Washing

7a. BIRTHPLACE (State or fore

10, CITY OR TOWN OF DEATH Baltimore, 13o. USUAL RESIDENCE (Wher admission) STATE

16a. WAS DECEASED EVER IN Yes, aq, or unknown) 18. CAUSE OF DEATH PART I. DEATH WA

> Canditians, if any, which rise ta immediate cau

> stating the underlying

PART 2. OTHER SIGNIFI

19a. DATE OF OPERATION

21a. ACCIDENT WAS UN

☐ OR CONTRIBUTING ☐ CAU (If either, notify medical 21d. INJURY OCCURRED While Not while at work 22a. I certify that saw the dece causes stated

22b. SIGNATURE

CERTIFICATION

MEDICAL

14. FATHER'S NAME

Ma

First Edgar

DECEASED-NAME

(Type or print)

3. SEX

country)

S

after death Tuneral and

after death

hours

DIVISION OF		D STATE DEPARTMENT OF I 301 W. PRESTON STREET, BALT		AND 21201		
517131011 01		ERTIFICATE OF DEATH	,			590
First	Middle	last	2a. DATE OF DEA	ATH		2b. HOUR
rgaret	Evelyn	Bell	Fis	Month 120y	1903	10:14
4. RACE	.,	S. DATE OF BIRTH	6.	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
V	Thite	Feb. 21,	1904	ost birthday) YRS.	MONTHS DAYS	HDURS MIN
ign 7b. CITIZEN OF W	HAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEA	ATH		
ton D.J. U	J.S.A.	WIDOWED A DIVORCED	Be	altimore		Md.
	AME OF HOSPITAL OR INS		AL OCCUPATION (King life est of warking life ese Du LOAL		I INDITIETDY	susiness ©o. ys Dist
e deceosed lived, if institu	tian: Residence befare	13c. CITY OR TOWN 13d INSIDE CITY I	I TOTAL STREET	AND NUMBER		
13b. COUNTY	ltimore	Baltimore 7 YES II N	522	3 Pembroo	ke Ave.	
Middle	Last	IS. MOTHER'S MAIDEN NAME	irst	Middle		Last
0.	Dix	Ell	is		Mini	.5
U.S. ARMED FORCES?	16b SOCIAL SECURITY N	IO. 17 INFORMANT		Address	Dallimo	re 7, Mc
t A O U ⊖ TA O U ⊖	217-05-35	31 Frs. Carole I	ee Wunder	,5223 Fe	mbr ooke	Ave.
Enter only one cause per l	ine for (a), (b), and (c).		1			LATE INTERVAL ISET AND GEATH
S CAUSED BY IMMEDIATE CAUSE (a)	net	astalic Laver	umietosin	5	2000	+ 2 year
h gove)	AS A CONSEQUENCE OF	vary Carcinoma	of Blean	st	12	40215
cause DUE TO, OR	AS A CONSEQUENCE OF	1	U			4
(c)						
ANT CONDITIONS CONTRIBI	JTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	ONDITION GIVEN IN	PART 1(o)		
19b. CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO	20b. IF YES CAUSES OF	s, WERE FINDINGS CO DEATH?	ONSIDERED IN CE	RTIFYING
IDERLYING 21b. TIME C ISE OF DEATH HOUR A.M. If exominer) P.M.	Month Doy Year		r nature of injury in	Part 1 or Part 2, 1	tem 18.)	
21e. PLACE OF INJURY	(AT HOME FARM, STREET, FAC OFFICE BUILDING, EVC	1	.0		Caunty	State
(I) (t his hespit al) attassed alive an YY abave, (I) (we) (did)	ended the decease	9 68, and that in (my) (our) ap	inian death acci	urred on the do	te and haur o	lasi (عس د) (I) and fram the
s C. Bluck	e, N.D.	ATTENDING.		TAFF 22c. C	DATE SIGNED	
ulius C.C	Fluck, M	220. ADDRESS	· alist		(Ad.	~

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate by executed within 211 **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban page shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 7 Page 4 may be retained by the haspital ar attending physician. VR A15 (H 30M REV. 1/68

22d. PHYSICIAN'S NAME (Type) 41145 C. GILLOY 23a BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE May 16,1968

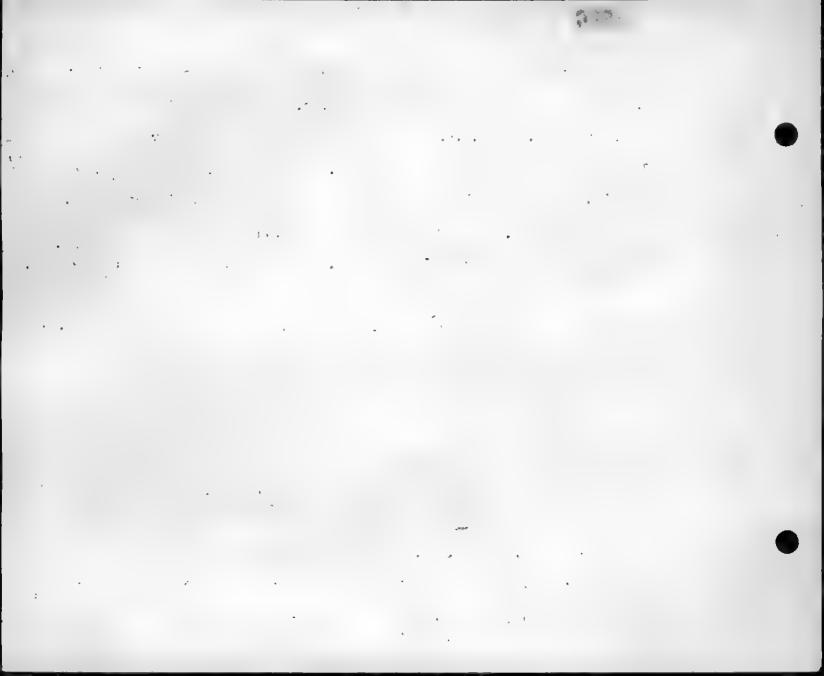
23c. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery

deisterstown item 23d. LOCATION (City or Town) Woodlawn

(County) (State) Daltimore

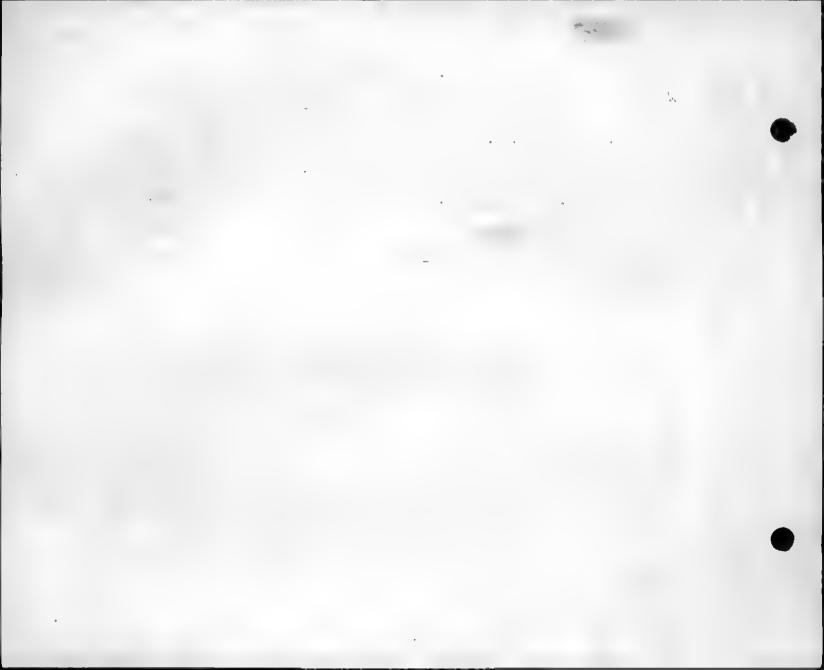
250 REC'D BY REGISTRAR DAMAY 2 0 19 ADDRESS FUNERAL DIRECTOR 1968

REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2a DATE OF DEATH 1. DECEASED-NAME First Middle 2b. HOU requires that the death certificate be executed within-24 hours after death pug Manth 18 (Type or print) Richard May W ... Bell 4. RACE S. DATE OF BIRTH IF UNGER 24 HRS 3. SEX 6. AGE (In years SE UNGER I YEAR lost birthday) Dec. 10, 1874 white male 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TI NEVER MARRIED TI (vittuos Piltimore WIDOWED X DIVORCED [7] carbon papel Md. physician and completely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY STATE HOSP. Catonsville SimpsonCo. 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY 13M175? odmissian) STATE 13b. COUNTY Perry Hall Md. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Samuel Re11 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, ar unknawn) HOSPITAL 212-07-0921 I Records: SPRING GROVE STATE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, cremotion, Canditions, if only, which gave) O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detoched for use as the burial-tronsit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 20a, AUTOPSY? 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 NO 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at wark at work 220. I certify that (f) (this hospital) attended the deceased from May 14 saw the deceased alive on 11/14/13 19 2, and that in (m causes stated above, (1) (we) (did) (did not) view the body after death. , 19.68 , to MAY! $_{-19}$ GZ, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the 22b. SIGNATURE DIRECTOR 22e ADDRESS SPRING GROVE STATE HOSPITAL 22d. PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Baltimore Baltimore Cemetery REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

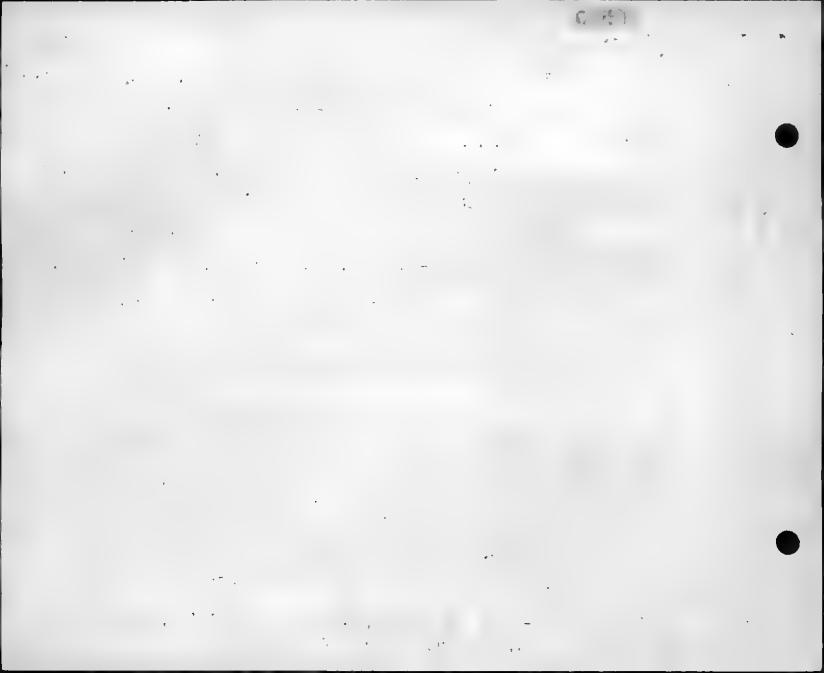




1		MARYLAND STATE DEPARTMENT OF HEALTH	
CTATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4
HEALTH DEDT	1.0		Doy Year 2b HOUR
S 2 8 To		Type or Print) LAUREN MIFORD BEYARD OF ESTI DEATH MATED MAY	30 168 1
delay	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years 15 UNDER 1 YEAR 16 UNDER 24 MRS 25 DATE PRONOUNCED DEAD 1 - 28 - 24 YRS DAYS HOURS MIN MONTHS DOYS HOURS MIN MONTHS DOYS 30 DAYS HOURS MIN MONTHS DOYS M	Yeor 19 68 12 NO
farm farm the Depot	7o toun	" Manyland USA WIDOWED DIVOKED DIVORIZATA DIVOKED DIVORIZATA DIVORIZ	M
in Item 18. Give Poges ris Office along with farms and mark with the State Its and a gooth	10 (TOWSON give street oddress of Has P. German most of working life even if retired	25 KIND OF BUSINESS OR NEWSTRY Westinghouse
18. Grand	13o o	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER dmission) STATE D. 13b COUNTY BAZTO. TIMONIUM YES \(\sum \nabla \) NO \(\sum \frac{20 A YLEBBUR}{20 A YLEBBUR} \)	y RD.
24 hours in Item 11 r's Office as any rs office rs office rs of any rs of an	14. F	Ather's NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Kling Albert Blair Beyard Alma Kling	lost Q aman
within 24 penc! in xaminer's le pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS	3
Exam Exam File p		yes WW 2 20-18-0841 Family records	APPROXIMATE INTERVAL
should be executed within ne word "pending" in pencility the Chief Medical Examine buriot-transit permit. File pagin ony event within 72 hou		18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)	BETWEEN ONSET AND DEATH
exional point of the sit point cent		Onditions, if any, which gove)	
d be Chie fran Y ev		rise to immediate couse (a), (b)	
woul wou the priot-		stoting the underlying cause DUE TO, OK AS A CONSEQUENCE OF	
This certificate should cote, writing the word be forworded to the Cl be used os o buriot-trust removal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	1
vritir vritir vord vord ed o	NE NE	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is ce for for remo	CERTIFICATION	WAS PERFORMED?	YES 🗌 NO 🗹
<u> </u>	MEDICAL CER	216 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M P.M 19	n 18}
	WED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (ity or Town foctory, office building, etc.)	County State
L EXA ecute Page or you R: Pag		220. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry	and in my apinia
ICAL tar Fran Ford CTOR		death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner [
TY Solical E y, please executed director Parente for Elament for the Director for the Directors: I prior to buriol,		CHIEF MEDICAL EXAMINER	
ry, please e eral director be retained RAL DIRECT prior to bu		SIGNATURE VILLENTIAL LESSISTANT MEDICAL EXAMINER 226 DATES	GNED - 68
DEPL cessa e fun may FUNE		EXAMINER'S WILLIAM A. PILLS BURY DEPUTY MEDICAL EXAM NER LES ADDRESSISSAGE, CIPY, TOWN, OT 9 LANGE TO	30-60
5 = = 2 5 =	230	BURIA., CREMATION, 23b DATE 23c NAME OF CEMETER OR CREMATORY 23d LOCATION (City or Town) (CREMATORY)	County) (Stote)
(Ar	24	REMOVAL (Specify) Burial 6/1/68 Dulaney Valley Memorial Cockeysville FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 1750 REGISTRAR 5 S	MOL.
VR A15ME (5)	1	John Burns Sons Towson, Md. DATE JUN 5 1968 force	res judge



MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE DEPT. PM3. Page of ment of , and 3 to ny delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DICAL EXAMINER: This certificate should be executed within 24 hours ofter death 5 may be retained far your files.

36591

MARYLAND STATE DEPARTMENT OF HEALTH

596

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	ECEASED NAME		First		M	idále LU	DMII	LA Lost			2a DATE KNOWN	Manth	Day Year	2b HOUR
(Type ar Print)		BEATRI	CE ·	נאל	DWXXX	L A	BOFF	EN		OF ESTI- DEATH MATED	图 5/2	0/68 19	UNK
3. 5	EX	4 RACE	5	DATE OF BIRT		6 AG	(In years birthday)	IF UNDER 1 YEAR MONTHS DAYS		24 HRS MIN.	2c DATE PRONOU	INCED DEAD		2d. HOUR B:10
	emale		hite	11-7-	-1917	50			10003		May	Doy20,	^{Year} 1968	p. M
	BIRTHPLACE (Stol	te or fareiç	n 7b. Cl	TIZEN OF WHA	AT COUNTRY?			ARRIED X NEVER A	ARRIED [9 COU	NTY OF DEATH			
		yland	1	U.S					VORCED 🗌		Baltim			Md
	ITY OR TOWN C			11, NA	ME OF HOSPI	ITAL OR IN	OITUTITZ	N (If not in hospit	al 12a. U	SUAL OC	CUPATION (Kind o	f wark done	12b KIND OF BUS	INESS OR
	Vynnewo			give ii	neer oduress)	1200	Swa	11ow Ct	4011119		working life, eve SEWITE		INDUSTRA	
	USUAL RESIDEN		deceased liv	red, if institut	tion Residen	ce before	1		F3d. JNSIGE CITY I		13e STREET AND	NUMBER Swallow	Court	
_	Mary fal			Ballin	nore		Wyn	newood	AE2 V		1200		Court	
4. F	ATHER S NAME	Fees		Middle		Last		IS. MOTHER'S M		First .	73 1	Middle	Las	1
	HE WAS DECEASED E	nry		ellner		n on thirty as			Barbara	a .	Faltin			
оа. (Y	es, no, or unkno		AKMES FUKLE: If yes give wor or d		16P 20CIAT 2	FCURITY		17. INFORMANT	- TT 1	n - e.e		DRESS	211	O.4.
								Mr. Heni	ry w	BOIL	en, Sr.,	1200 8	APPROXIMATE	
	18. CAUSE OF	f Death (I Death was	inter anly ane i (AUSED BY.	cause per lin	ne far (a), (b)), and (c).)		- f No als					BETWEEN ONSET	
		,	immediate ca					of Neck					-	
	Canditions, if	ony which	cove)	DUE TO, OR	AS A CONSEQ	LUENCE OF								
	nse ta immed	diate caus	e (a), ((b)		ALIPAICE OF								
	stating the ut	nderlying	couse	DUE TO, OR	AS A CUNSEG	ADENCE OF								
	_	CIONIPICA	/	(c)		CALT ALOT	05.1750	70 715 7501111						
	PART 2. OTHER	SIGNIFICAL	II CONDITIONS	COMINIBALIA	NG 10 DEATH	BUI NOI	KELATED	TO THE TERMINAL	DISEASE OR C	ONDITIOND.	N GIVEN IN PART	3 (a)		
0	190. DATE OF (OPERATION			19b CONDITI	ON FOR W	H CH OP	ERATION					20 AUTOPS	(2
3	I TO BRITE OF	0. 6.4.1.0.				RFORMED?		EXMITON					YES 🗆	NO X
CERT	21a EXTERNAL	CÁUSE WA	5	21b TIME OF I	NJURY Month	Day Year		21c HOW INJURY	OCCURRED (En	iter ont in	re of injury in Port	1 or Part 2 Ite		110 [2]
3	PR-MARY X C	OR CONTR-8		UNK A.M		20 19					h an ele			
MED	21d NURY OC		Zle PLACE	OF INLLRY (A	t home form			21f LOCATION Stre			Crty ar Town		County	State
	WHILE AT WORK	NOT WHILE		affice building	j, etc)						. , .		timore, 1	Md.
						describe	d abov	e, held an Au	tonsy 🗍	Ins	pection X,	Inquiry [] and in a	ny apinian
		esulted f		_				Suicide X,				ed manner	_	iy opiiiioii
		111)_		, L,		٠ اــــا،		HIEF MEDICAL	—	_	ou maimor	ب	
	ACTUAL SIGNATURE	1/1/16	rul	1-	フル	1			SSISTANT MEDICAL			22b. DATE	SIGNED	
	EXAMINER'S	•	v	** 0	11/2 3)		EPUTY MEDICA		_	57	/21/68	
	NAME (Type)		Verner	U. Sp	THE !	1.D.		A	DDRESS(Street	city, tav	wn, ar county)			
230			23b DATE		23c	NAME OF	CEMETER	Y OR CREMATORY		23d	LOCATION (City of	Town)	(Caunty) (S	tate)
	BURIA	E ^(y)	5-24	4-1968	Me	eadow	ride	e Cemet	ery	Н	loward Co	unty, l	Maryland	
	FUNERAL DIRECT	TOR				ADDRE	SS		25a RECE	BY REG	ISTRAR 25b	REGISTRAR S	SIGNATURA	el.
10	ward H.	Hubi	pard,	+107 W	ilkens	a Ave	. 2	21229	DATE WIF	11 2	3 196B	filian	Can you	

VR A15ME

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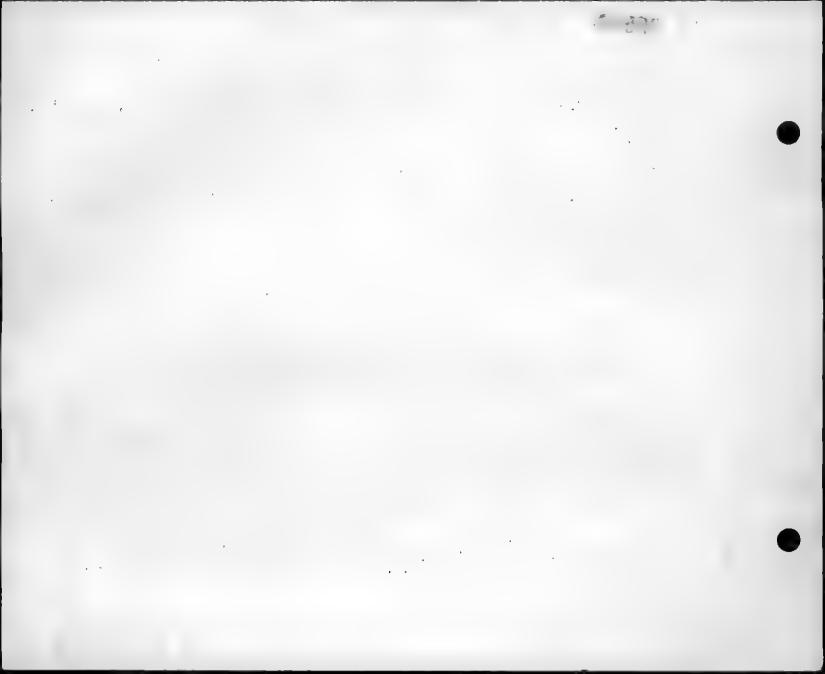
Health prior to burial, cremation, or removal, and in any event within 72 hours after death.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20 DATE OF DEATH First 2b. HOUR (Type or print) Yeor MAR RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) MONTHS physician and campletely filled in by the requires that the death certificate be executed within 24 haurs within 72 haurs COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B MARRIED THE NEVER MARRIED country) WIDOWED I DIVORCED 12o. USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) **INDUSTRY** event. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 34 INSIDE CITY JIMITS? 13e. STREET AND NUMBER STATE 13b COUNTY YES M NO and in any 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) the attending phys ar remaya APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line_for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE O stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** YES [NO [of Health 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. be detached 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while of work 22a. I certify that (1) (this haspital ettended the deceased from saw the deceased glive on 1900, and that in , and that in (my) (our) apinion death accurred on the date and have and from the should couses stated above, (1) (we) (did) (aid not) view the bady ofter death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, shauld i BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) BALHMORE BALT BUDOK REGISTRAD'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 30M REV. 1/68 WM. COOK-BROOKS TOWSON, TOWSON. Md



1 (M)		06598 DIVISIO	MARYLA N OF VITAL RECORDS		PARTMENT OF H		AND 21201		
FOR STATE	1	00000			ERTIFICATE (18
HEALTH DEPT.		ECEASED NAME Fire	at .	Middle	Last		20 DATE KNOWNK	Month Day	Year 2b HOU
3 to 3 to Page		Type attribust) MAR	Y	ALICE	BOMBERG	ER	OF ESTI-	5 29	1968
delay and 3 A3. Pag	3. 3	EX 4 RACE	S DATE OF BIRTH	6 AGE (n years last birthday)	F JNDER YEAR MONTHS DAYS	AF UNDER 24 HRS Hours Ann	2c DATE PRONOUNCE		2d HOU
ny dela 7, and PM3. I	L	Female White	Pec. 1, 19	48 YR			Month May	^{Day} 29,	Yeor 19 68 6:45
De p		BIRTHPLACE (State or foreign	75 CITIZEN OF WHAT COUNT		ARRIED NEVER MARE	_	NTY OF DEATH		PN
ges for		CITY OR TOWN OF DEATH		HOSP TAL OR INSTITUTION	part .	CEB TO THE OCH	BALTTM CUPATION (Kind of w		KIND OF BUSINESS OR
after death ny delay 8. G.ve Pages 1, 2, and 3 glang with farm PM3. Pageth the State Department leath		Baltimore	give street add	ress) Philadelph	ia Road	during most of	warking life even t	retired.) INDU	
v		USUAL RESIDENCE (Where decear idmission) STATE Md.	TALL COLLEGES		# 1	ARZIDE CITA FIN 125	7406 Ph		n i a Road
a de la	14.	Mac First	NC CORRUCT	da le	15 MOTHER'S MAIDE	EN NAME First	Alla	ıddle	Last
hauld be executed within 24 ward "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages n ony event within 72 haurs		WAS DECEASED EVER IN L.S. ARMED			17 INFORMANT Mc R-	Joya	S 8061	Rosly	y Ave
d with per Exan	F	18 CAUSE OF DEATH (Enter a	nly one cause per line for (a), (b), and (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E. ansit permit. F event within		PART I DEATH WAS CAUSE IMMED.	ED BY NATE CALSE (o) Arteri	oscleroti	c cardiova	scular d	isease		BECALEN OUSEL MAD DEVEU
exe endii Me t pe		4129	DUE TO, OR AS A CO						
be hief		Conditions, if any, which gave use to immediate cause (a),	(b)						
e shauld be the ward "per the ward "per to the Chief to burial-transit a burial-transit		stating the underlying cause last	DUE TO, OR AS A CO	NSEQUENCE OF					
the state of the data are are are are are are are are are ar		PART 2. OTHER SIGNIFICANT CON		EATH BUT NOT RELATED	D TO THE TERMINAL DIS	EASE OR CONDITION	N GIVEN IN PART 1(a)		
writing writing rwarded rsed as c	8	1 221							
This certificate shauld icate, writing the ward be farwarded to the Cl be used as a burial-tre or remayal, and in any	CERTIFICATION	19a DATE OF OPERATION		NDITION FOR WHICH OF S PERFORMED?	PERATION				AND THE STATE OF T
生	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY M HOUR A.M. P.M	Nonth, Day Year	21c. HOW INJURY OCC	URRED (Enter natur	e of injury in Port 1	or Part 2, Item 18	8)
	WED	21d INJURY OCCURRED 21e	PLACE OF INJURY (At home actory, affice building, etc.)	farm street	21f LOCATION Street or	R.F.D. Na	City or Town	Ca	ounty State
AL EX		22o. I certify that I	took chorge of the remo					nquiry [],	and in my opinio
director etained DIRECT	-	deoth resulted from:	Natural causes	, Accident [_],		Homicide	Undetermined	monner [_]	
Plear the direction of the control o		ACTUAL (1 1	-		- MEDICAL EXAMINE TANT-MEDICAL EXAM		22b. DATE SIGNI	FD
ury, any, be be pri		SIGNATURE Charle	s S. Springa	TA M.D.	711.0	TANT MEDICAL EXAMIN	HER T	May 30,	
o DEPUTY necessary, please e the funeral director 5 may be retained 0 FUNERAL DIRECT Health prior to bu		NAME (Type)	, , , , , , , , , , , , , , , , , , ,	,	ADDR	ESS(Street, city, tav	vn, ar caunty)		
To DEPUT necessary the funer 5 may be TO FUNER Health F	230	REMOVAL (Specify)	a 10 . a 1	23c NAME OF CEMETER	1.	23d	LOCAT ON (City or To		(State)
VR A15ME (S)	24	EJNERAP DIRECTOR	var 6 1211	ADDRESS C		250 REC D BY REG		EGILTRAR'S SIGNA	TUST
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1 0	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	199
HEALTH DEPT.	1 1 [DECEASED NAME First Middlecost 2a DATE KNOWN M Month	Doy Year 2b HOUF
3 ta 3 ta 7 age		(Type or Print) PARY A. BARY DEATH MATED 5-	29 1968 ID,
ny delay is 2, and 3 ta PM3. Page artment af	3 5	SEX 4. RACE S DATE OF BIRTH 6 AGE (In years If UNDER 14 HRS 2c. DATE PRONOUNCED DEAD lost birthdoy, Months Days Hours Min.	2d HOUR
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ges ges far	30	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done)	M 12b KIND OF BUSINESS OR
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s after 18. Giv alang with 1		1. USUAL RES DENCE (Where deceased lived, if institution Residence before 13C CITY OR TOWN 13d INS.DE CTY LIMITS? 13e STREET AND NUMBER	1
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14 hours office soffice soffice soffice	14. 1	FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle	Last
		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS,	C751
wit gan gan 72		(Yes, no, or Jinknawn) (If yes give war or dates of service) 212-34-1409 HENRY BORY 3101 MARS	ECO AUE,
ecuted in ling" in edical Ex ermit. Fi		18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medical E insit permit. E event within		IMMEDIATE CAUSE (a)	97 1
be exe		Conditions, if any, which gave }	*
vard " vard " or Chi ol-trar any e		nse to immediate couse (a), (b) Stoting the underlying cause (DE TO, OR AS A CONSEQUENCE OF	
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a) ± = =		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
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	F CATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
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INER: T the certification of the certification of t	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P M 19	
CAL EXAMINER: execute the certi ar. Page 4 shauld ad far yaur files. CTOR: Page 3 shau burial, crematian,	WE.	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, white more white more white factory, affice building, etc.) 21f LOCATION Street or R.F.D. No. City or Tawn	County State
EXAM ute th uge 4 yaur Page , crem		AT WORK AT WORK	
bical EXAM lease execute the director. Page 4 etained for your DIRECTOR: Page in to burial, crem		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry	and in my apınıa
please e I director retained DIRECT or to bu		death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner (
		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b DATES	IGNED
		EXAMINER'S DEPUTY MEDICAL EXAMINER	1 2 2 2 2
o DEPUTY necessory, in the funeral is may be in the funeral in the		NAME (Type) ADDRESS(Street city town, or county)	. 4
5 = 5 = 0	Z	REMOVAL (Specify)	(County) (State)
(OX)		FUNERAL D RECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5	IGNATURE .
VR A15ME (5)	B	DARPAULSKI 2818 F. BALTIMORE ST. DATE JUN 4 1968 GOLD	was Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

26595 Middle 2a. DATE OF DEATH DECEASED-NAME First Lost (Type or print) HELEN OUGHAN MARIE SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR Inst birthdoy) NHITE FEMALE Jan.21,1913 9 COUNTY OF DEATH 70. BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED country) BALTIMORE Balto WIDOWER DIVORCED [USA 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR-INSTITUTION (if not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR BALTO, COUNTY GENERAL during most of warking life, even if retired.) **INDUSTRY** bakery Randallstown manger 13a uSUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 21207 13d INSIDE CITY JANTS? admission) STATE 13b COUNTY YEST 2004 Alto Vista Ave: Moodlawn Middle 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Harry Stallings Frances 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Mdess 21207 Yes, no, or unknown) (If yes give wer or dates of service) 212-03-2257 Larchmont Drive Rali 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO -21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED | 21e. PLACE OF INJURY County City or Town While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 3/0/50 saw the deceased glive on 19 and that in (mv) and that in (my) (aur) apinion death occurred on the date ond hour ond from the sow the deceased alive on. couses stated above, (1) (we) (did) (did not) view the body after death. 225-SIGNATUR MED. DIRECTOR **ATTENDING** DEGREE PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Tybe) Milton Schlenoff Windsor Mill Rd. & GwynOak Ave: 21207 23d. LOCATION (City or Town) 23b. DATE NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. Loudon Pk; 3800 Frederick Rd; Balto; 21229 REMOVAL (Specify)

VR A15 (4) 30M REV. 1/68

requires that the death certificate be executed within 24 hours

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the ottending physician and completely filled sit permit. Then please remove carbon pope

buriol-tronsit permit.

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director, page 3 should be detached should be filed with the State Dept. of

signed by

Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been

FUNERAL DIRECTOR

Rd ADDRESS allstown

Md 2Sa. REC'D BY REGISTRAR

(State) Md.

2b. HOUR

IF UNDER 24 HRS

HOURS

Last

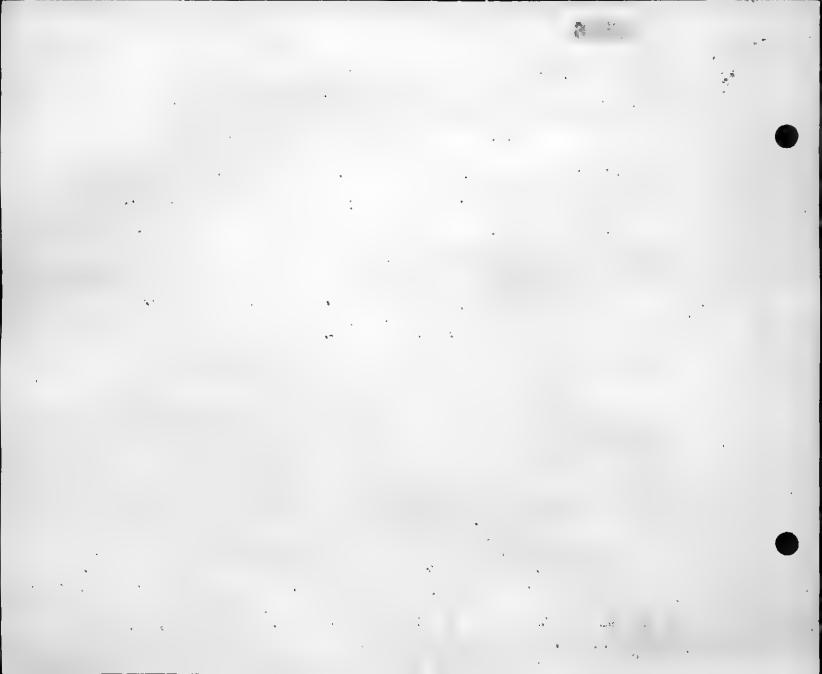
BETWEEN ONSET AND DEATH

State

DAYS



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00596 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death (Type or print) Boyd Samuel Leroy 9:15PM 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR 4. RACE 6. AGE (In years 8/16/96 Male White HOURS last birthdoy) 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED NEVER MARRIED country) Maryland U.S.A. Baltimore WIDOWED [7] DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL DCCUPATION (Kind of work done 10. CITY OR TOWN DF DEATH 125. KIND OF BUSINESS OR during most of working life, even if retired)
Pipefitter INDUSTRY Baltimore signed by the attending physician and completely burial-transit permit. Then please remave carbon Ingleside Ave. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 138 INSIDE CITY , MITS? 13e. STREET AND NUMBER 13b. COUNTY Raltimore YES TO NO 1715 Lydonlea Way City 14. FATHER'S NAME Middle 15. MOTHER S MAIDEN NAME First First Middle E. Wickham Boyd Marv Samuel L. i 6b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no grunknown) I (If yes give wor or dotes of service) 213-16-3656 Mary Landon - 1715 Lydonlea Way 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 12 M OSMID SELSMONIA EMAILA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) NULMERAN ENECUA rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **GEVNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO [Z] 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. director, page 3 shauld be filed v DEGREE 22d. PHYSICIAN S NAME (Type) 22e. ADDRESS 5 Fred FUMINISAW PUC 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 6/4/68 Baltimore National Baltimore. Maryland Cem. 24 FUNERAL DIRECTOR RObert C. Altenburg Funeral Home, Inc. 25b. REGISTRAR'S SIGNATURE 250 RECD BY REGISTRAR VR A15 (4) 30M REV. 1/68 1968 6009 Harford Rd. - Paltimore Md 2121



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06597 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR First requires that the death certificate be executed within 24 haurs after death. Month 4, (Type or print) MARY **BRADBURN** H. Day 1968eor Mav 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINGER 1 YEAR last birthday) Fema 1e White December 26, 1898 signed by the attending physician and campletely filled in by burial-transit permit. Then please remave carbon papers. Pr burial, crematian, ar remaval, and in any event, within 72 Kaur 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED 9. COUNTY OF DEATH Maryland Baltimore WIDOWED X DIVORCED T U.S.A. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Catonsville give street oddress)
314 Greenlow Road
130. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN during most of warking life, even if retired.)

Retired 13e. STREET AND NUMBER 13d INSIDE CITY DM TS2 odmission) STATE Maryland 13b. (OUNTY Baltimore | Catonsville YES] 314 Greenlow Road NO FT 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last Florence Mocker William Navlor Holmes 16b. SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no. ar unknawn) (If yes give war or dates of service) 217-03-8062A Mr. Stewart B. Snapp, 6110 Chesworth Rd. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a)
CO BETWEEN ONSET AND DEATH Coronary Occlusion.acute Sudden DUE TO, OR AS A CONSEQUENCE OF Canditians, if arry, which gave) Arteriosclerotic Heart Disease Years rise ta immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d INJURY OCCURRED 2 e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. City of Town County While Nat while at wark 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR May 4, 1968 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S Mallow Hill Road, Balto., Md. NAME (Type) Dr. Leo J. Gaver 23c NAME OF CEMETERY OR CREMATORY
Lorraine Park Cemetery 23d LOCAT ON (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION, Woodlawn, Maryland BURTAL (Specify) 5-6-1968

21229

24. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Ave.

250 RECD APPISTRARY 1968 EGISTALE SIGNALIFIE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06592 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH DECEASED-NAME Farst requires that the death certificate be executed within 24 hours ofter death. Seat Seat funeral (Type or print) Month BRATTAIN WILLIAM May 4. RACE S. DATE OF BIRTH last birthday) Aug. 27.1887 Male White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Indiana U.S.A. WIDOWED -DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH give street address) remove corbon Greater Balto. Medical Cntr Towson and in ony event, 13g. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 135, COUNTY 1和2思Baltimore E Baltimore IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Inst Mary Ann Gallichan Frank Brattain 16b SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT I (If yes give war or dates of service) Yes, na, ar unknawn) No 305 34 3148 Hospital Records cremation, or removal 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t buriol-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the hos been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? for use Health p NO [7 YES 🔽 O FUNERAL DIRECTOR: After this certificate be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town

2b. HOUR 2:00P M 6. AGE (In years IF UNDER 1 YEAR IF TIMOER 24 HRS. Baltimore 12g USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of warking life, even if retired) 13e, STREET AND NUMBER 1928 Altavue Rd. 21228 Middle APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic Cardiovascular Disease 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) State County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from May 17 saw the deceased alive on May 27, ond that in (m _____, 1968 ____, to May 27 _____, 1968 ___, that (I) (we) last , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. May 27, 1968 DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles Street, Balto.Md.21204 6701 N. 23d. LOCATION (City or Town) (State) 23a BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) Lebanon, Indiana REMOVAL (Spacify) May 28# 68 24. FUNERAL DIRECTOR WITH . 25a. REC'D BY REGISTRAR Cook-Brooks Towsen,

VR A15 (4) 30M REV 1/68

director, shauld b

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 114 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH 2b HOUR Middle 1. DECEASED-NAME First funeral 1 and 2 er death, PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Month (Type or print) :30A M Eva Α. Braund Mav IF UNDER 24 HRS IF LINDER 1 YEAR S DATE OF BIRTH 6 AGE (In years 3 SEX 4 RACE Si tribdoy) DAYS MOSIRS July 27.1836 Whi te Female 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED WIDOWED X DIVORCED [TT Baltimore County Pennsylvania IISA 12a HSUAL OCCUPATION (Kind of work done physician and campletely filler en pease remave carban pa 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY give street oddress) Catonsville.Md Beechwood Ave 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY DR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Catonsville C NO 📑 211 N. Beechwood arvland and and a IS MOTHER'S MAJOEN NAME First Middle 14. FATHER'S NAME Last Middle Sheffler Edward Sally Kirk 16b. SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Melvin Yes, no, or unknown) 217-40-0011 Mrs. Eugene Higdon-18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the attending PART I. DEATH WAS CAUSED BY Sudden IMMEDIATE (AUSE (o) Coronary Occlusion, Acute DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Heart Disease yrs. signed by the burial-transit p Conditions, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the t priar ta b Hypertensive Cardio-vascular Disease IN FUMERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 190 DATE OF OPERATION CAUSES OF DEATH? YES 🖂 NO 🖂 far use 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY HOUR A.M Manth Day Year OR CONTRIBUTING CAUSE OF DEATH P.M. (If either, notify medical examiner) Stote 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while of work 22a. I certify that (I) (thus has pitally attended the deceased from larch 19 55, to 12y , 19 68, that (I) (We) last sow the deceased olive on 14y 27 19 68, and that in (my) (60) opinion death accurred an the date and hour and from the director, page 3 should should be filed with the couses stated obove, (1) (we) (did) (did not) view the body ofter death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED DIRECTOR May 31,1968 DEGREE PHYS. TO HOSPITAL Page 4 may b 22e. ADDRESS 7 22d. PHYSICIAN S. Mallow Hill Ave., Baltimore, Ld. NAME (Type) Leo J. Gaver. M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 230. BURIAL, CREMATION. REMDVAL (Specify) 250. REC'B BY REGISTRAR 250. Morningside Cemetery rial 24. FUNERAL DIRECTOR VR A15 (4) Witzke Fun.Directors, 41 Edmondson 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 06600 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06605 CERTIFICATE OF DEATH 2b. HOUR First Last 2a, DATE OF DEATH DECEASED-NAME requires that the death certificate be executed within 24 haurs after death Month (Type or print) ABRAHAM BRIGHSTEIN 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years TE HINDER I YEAR IF UNCER 24 HRS. last buthdoy) HOMES WHITE 9-14-1884 83 MALE YRS 70 BIRTHPLACE (State or fareign 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED X NEVER MARRIED itetely filled in b country) DIVORCED | BALTIMORE WIDOWED | **ENGLAND** 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress 28 WARRF during most of working life, eve even if retired) WARREN PARK DRIVE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3e. STREET AND NUMBER 13c, CITY OR TOWN 13d. INSIDE CITY EIMITS? edmission) STATE. 13b, COUNTY YES WARREN PARK DRIVE 15 MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Last PEARL BRIGHSTEIN HENRY 17 INFORMANT 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (II yes give war or dates of service) MRS. LILLIAN R. BRIGHSTEIN. 28 WARREN PARK DR. 216-24-2149 Page 4 may be returned by the attending phy O FUNERAL DIRECTOR: After this certificate has been signed by the attending phy 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH MYDEARDIAL FAILURE DUE TO, OR AS A CONSEQUENCE OF ARTERIOSELFEOTIC CARDIO VOSCULOS Conditions, if only, which gave) burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a) AGETS 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 NO F 21c. HOW INLURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, nat fy medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCJRRED 2 re. PLACE OF INJURY City or Town County State While hat while at wark 22a. I certify that (I) (this hespital) attended the deceased from \$23..., 1952., ta_5-20-., 1962., that (I) (we) last saw the deceased alive an \$-10-1960, and that in (my) (aw) opinion death accurred an the date and haur and from the causes stated above, (1) (we)(did)(did not) view the body after death 22c DATE SIGNED -68 22b. S GNATURE **ATTENDING** DEGREE DIRECTOR PHYS 22d PHYSICIAN 22e. ADDRESS 3502 W. ROGERS AVENUE NAME Type JOSEPH DECKELBAUM 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a BUR AL, CREMATION, BURTAL (Specify) 5-21-68 BALTIMORE. MARYLAND HEBREW FRIENDSHIP 1968 FLORES SIGNATURE 250 RECLD BY REG-STRAR 24. FUNERAL DIRECTOR Charles LEVINSON & BROS., 6010 REISTERSTOWN ROAD



			1	~ 20 300	DIMITION OF	MARYLAND STA			AND 21201	
				CUULA	DIAIZION OF	VITAL RECORDS, 301 W	LYKESIUN SIKE	EI, BALIIMUKE, MAKTI CATII	21201 2 3 6	
			AME OF DECE	ASED		LPKII	PILATE-II	FATH 2. DATE AND HOUR OF	DEATH	
	라고 라	LIVI	ne or Print)	John Tate	Brock			May 29, 19	908 11:30 P	м.
	y the funeral Pages 1 and 2	3.	PLACE IN BALT	IMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESID	B. COUNTY	ved. If institutions residence before admiss	(an)
	offer le fu	FU	LL NAME OF	UF NOT IN HOSE	TAL OR INSTIT	UTION, GIVE STREET	Maryl			
	y the Pages	HC IN:	SPITAL OR STITUTION	ADDRESS OR LO	CATION		C CITY OR TOW	N	D. INSIDE CITY LIMITS?	
	2 d 2						Catonsv		YES XX NO	
fit	A Par		5902 L	eewood Ave.	Baltim	ore County	E STREET AND	NUMBER		
,,,		5, 5	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	H 9. AGE (In ye	ors If Under 1 Yi. If Under 24 I Manths Doys Hours Min	Hrs.
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	ertificate be physician on nen please		Short	Brock			Hester	Washingto	n	
	certi ph hen	15.	Was Deceased	Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
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	he death attendir permit	-	18.			CAUSE OF DEAT			APPROXIMATE INTERVA	
	physician. signed by the burial-transit		(This does no heart failure, injury ar camp	E OR CONDITION I LEADING TO DEAT of mean the mode asthenia, etc. If mea plication which cause ANTECEDENT CAUS	H .af dying, e.g., ns the disease, ed death.)	(A) IMMEDIATE CAL	Janay A CONSEQUENCE	rougheth	legs 2 wkg	:
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			that (I) (we) I	last saw the decea	no avila bea	MAY 29	19 6		our) opinion death occurred on the	dote
	OR ATTENI be retained DIRECTOR: #		and hour and	from the couses st	oted obove. (I) (We) (did) (did nat)	lew the body of	ter death.	23B, DATE SIGNED	
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	be 3	à		Thul	leen	DE GREE Phy	s. Dii	ectar Phys L	0 01 01	
- 1	TAL O	2	23C. PHYSICIAN NAME (Ty	N'S			23 D. ADDRESS	acti Olivesh		
	HOSPITAL OR ATTEN ge 4 may be retained FUNERAL DIRECTOR: rectar, page 3 shauld	5	Dr. F	Feodor C. C	aguin	DEGREE		25th Street	37.	-1
	For HOSPITAL Page 4 may Co FUNERAL C	24.6	BURIAL CREA	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town, ar caunty) (State	DI.
	5 5 5 <u>9</u>		Burial	6/5/6	S8 Mt.	Zero Cemet	ery	Silver, S	outh Carolina	
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				9 F 11 A	Morris	Or and and and a	1102002			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3660 Middle Last 20 DATE OF DEATH DECEASED NAME First 26 HOUR fuheral 1 and 2 er death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) MAM911 16, DAY 968 Year JOHN MICHAEL BROWN 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost binthdoy) HOURS October 14,1945 Male White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🦳 NEVER MARRIED 📉 Maryland Baltimore U.S.A. WIDOWED | DIVORCED attending physician and completely filled sermit. Then please remove carban pap 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR gwo2909ress econd Ave. Carney 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission a STATE Land 13b COMMIX ltimore 2909 Second Ave. Carnev 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle Lost burial, crematian, ar remaval, and in Clarence S. Brown Eleanor Brandt 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, ne, or unknown) Mr. Clarence S. Brown Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) BETWEEN CINSET AND GEATH permit. CINOSIS DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gove } UREMIA nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause NEPHROTIC SYNDIOME PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the priorta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO P YES 🗀 , page 3 shauld be detached far use be filed with the State Dept. af Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CALSE OF GEATH HOUR A.M Month Doy Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET FACTORY,) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deteosed from saw the deceased alive an 4136 19 and and that in (my) (our) apinian death occurred on the date and hour and from the causes stated above, (1) (we) (did (did not) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED DEGREE ATTENDING DIRECTOR PHYS. 22d. PHYSICIÁN S 22e. ADDRESS Borges University Hospital NAME (Type) rancis director, bould 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Dulaney Valley Baltimore Co 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR iedefeld Home Rd. Baltimore, 30M REV DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last DECEASED-NAME First 20. DATE OF DEATH after death. (Type or print) Bryan Isabel Erdman 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR loss, bythdoy) MONTHS HOURS October 16, 1894 Female White law requires that the death certificate be executed within 24 hours 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED DIVORCED [Virginia WIDOWED [Baltimore II.S.A. 10. CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120, USUAL OCCUPATION (Kind of work dane or removal, and in any event, within 12b. KIND OF BUSINESS OR give street address)

8 Acorn Circle during most of working life, even if retired) INDUSTRY signed by the attending physician and campletely to buriol-transit permit. Then please remave carbon Steno-Clerk Towson B&O RR 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Ltimore odmission) STATE Towson 8 Acorn Circle 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Lost Barbara E. Erdman William H. Bryan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, ar unknawn) 705-12-1257 Mrs. Anna E. House Same APPROX MATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) TRETERIOSCILERSTIC buriol, cremotion, DUE TO, OR AS A CONSEQUENCE OF ARTERIO SUERO SIL Canditions, if any, which gave) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ACCIDENCE CEREBRU GASCULAR APPRIX iffer this certificate has been be detached for use as the State Dept. of Health prior ta 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO Z 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Port 2, Item 1B.) 21b TIME OF INJURY GR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn County Stote While Not while of wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospitel) attended the deceased from 1997 and that in recauses stoted above, (1) (we) (this) (did not) view the bady after death. 196 X, to MAY 10, 1968, that (1) (we) lost and that in (my) (our) opinion death accurred an the date and hour and from the 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. director, poge 3 -should be filed v DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Thaddeus 206 Pennsylvania Ave. Dr. Siwinski Towson 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b DATE (County) REMOVAL (Specify)
Burial Druid Ridge <u>Pikesville</u> 25b. REGISTRAP S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR **FUNERAL DIRECTOR** 1968 Mitchell-Wiedefeld Home, Inc.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ROSETTA BRYANT DECEASED-NAME Middle 20 DATE OF DEATH First death. neral (Type or print) 3. SEX 6 AGE (In years IF UNDER 1 YEAR Poges, igst_bisthday) MONTHS HOURS AUCASIAN within 72 hours requires that the deoth certificote b∎ executed within 114 Lours 9. COUNTY OF DEATH 7o BIRTHPLACE (State or foreign B. MARRIED | NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED [physician and campletely filled IO CITY OR TOWN OF DEATH of work done 12b. KIND OF BUSINESS OR during most of wasking ife, even if retired. please remove carbon 5EW11 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE 13b. COUNTY TO ond in any Middle 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Last 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, or unuga val (If yes give wer or dates of service) or removol. the attending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c cremation, Conditions, if any/which gave? signed by the burial-transit p rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial, last. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) O FUNERAL DIRECTOR: After this certificate has been os the 19a DATE OF OPERATION 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [USe 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of miury in Part I or Part 2, Item 18) فِ be retained by the hospital OR CONTR BUTING CAUSE OF DEATH HOUR AM. Manth Doy Year PM (If either, notify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. State City or Town County OFFICE BUILDING, ETC. While Nat while at wark 22a. 1 certify that (1) (this haspital) attended the deceased from 19/9/3/10 5 - 7, 1968, that (1) (we) last saw the deceased alive an 5 - 8, and that in (my) (aur) apinian death accurred on the date and hour and from the director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22r DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) LOCATION (City or Town) (County) 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 DATE



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
1_		Item#17Film#Gli00 5/21/68 ph CEPTIFICATE OF DEATH	N B A - B
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를 생활기		CEASED-NAME First Middle Lost 20 DATE OF DEATH yoe or print)	2b. HOUR
deot	Ľ	EMORY A. BUFFINGTON 5/27	11968 211
s after death	3 51	1 made white S. DATE OF BIRTH 1 1/ 1/ 1/ 1903 6. AGE (In years last birthday) AND	UNDER 1 YEAR OF UNDER 24 HRS, RITHS OAYS HOURS MEN.
4 haur	7a. covi	All the property of the prop	/ a Mic
in 24 h		ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 1	2b. KIND OF BUSINESS OR INDUSTRY
with with	_\		ONN FARM
O HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or offending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in both the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban permit agges 1 and 2 should be filted with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 harrs ofter death.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER SSION) STATE MD 13b. COUNTY Cara . Ev Westmister YES NO K # 5 13 ->	138 A.
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tificate hysicion pleas	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT RIC hard Buffington Address Wees, no. of Contraction of Contr	3 /
er er		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
the light of the l		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart faciline	3 days
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physician. physician. signed by the attending phy burial-transit permit. Then burial, cremotion, or remova		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	<i>c</i> .
ires ysici ned iial-i		lost (c) Pulm Longhy; on a, alston trans - in	X 1 5
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YSICIAN: The fow repospited or ottending a certificate has been subset for use os the bot. of Health prior to be.	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item for contrabuting CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19	IB.)
SPITAL OR ATTENDING PHYSICIAN: The fow requires the fine by the hospitol or ottending physician. IERAL DIRECTOR: After this certificate has been signed by or, page 3 should be detached for use as the burial-trand be filed with the State Dept. of Health prior to burial, cre	WEI		aunty State
NG Ng the Pert		220 certify that (I) (this haspital) attended the deceased from 2/6/19(8.10.5/)? / 196	🚣 , that (I) (we) los
HOSPITAL OR ATTENDING PHYS age 4 may be retained by the hos FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept.		sow the deceased alive on \$\\ \frac{1.7}{1.7} \\ \frac{19.65}{1.5}, and that in (mg) (our) opinion death occurred on the date couses stated above, (I) (we) (did) (did not) view the body after death.	ond hour ond from the
R AT RECT WITH WITH		22b. SIGNATURE A	SIGNED
TAL OF TOTAL OF TOTAL DIFFERENCE FILED		DEGREE PHYS. L. DIRECTOR PHYS. PHYS. L. DIRECTOR PHYS. PHYS. L. DIRECTOR PHYS. L. DIRECTOR PHYS. PHYS. L. DIRECTOR PHYS. PHYS. L. DIRECTOR PHYS. PHYS. L. DIRECTOR PHYS. PHYS. L. DIRECTOR PHYS.	
RAI Pe		NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland	
Page 4 m Page 4 m FUNER director, should b	230		County) (State)
Page direct	7	REMOVAL (Specify) 5/20/68 LUTHERAN UNIONTOWN	CARROLL MI
VR A15 (4)	2A/	NUMERAL DIRECTOR ADDRESSY J 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	NATURE
30M REV. 1/68	[(The Helt for NEW WINDSOR / MAY 20 1968 galan	res judges



MARYLAND STATE DEPARTMENT OF HEALTH

		06608		IVISION OF	VITAL RECORDS,		PRESTON ST	*	MOR	E, MARYI	AND 21201	l	•	311
		CEASED-NAME	First		Middle		Lost		20.	DATE OF DE		_		26 HOUR
	(1	'ype or print')	JOH	4	SHERMAN	1	BUNNEL	L			MAY :	30.	1968	12:10M
	3. SE	MALE		4 RACE CAUCA	SIAN		5. DATE OF 8/23				AGE (In years lost birthday) 46	li-	UNDER 1 YEAR UNTHS OAYS	JF UNDER 24 HRS HOURS MIN.
	caun	BIRTHPLACE (Stote or fortry) MARYLAND	reign 7	U.S.A		B MARRIE WIDOWE	D NEVER MA	ARRIED 🔀	9. CO U	INTY OF DE	BALTI	MOR	E	Md.
3		TORT HOWA		11 M give VE	AME OF HOSPITAL OR IN street address) HC TERANS AD		not in haspital AL STRATIO	during m	ast of v	warking life	nd of work do even fretired R-ARTI:	d) [126 KIND OF INDUSTRY	BUSINESS OR
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4	14. F	FATHER'S NAME F	rst	Middle	Lost	-	15. MOTHER S A	MAIDEN NAME	irst		Middle			Last
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		WAS DECEASED EVER (FORCES? or dates of service)	16b SOCIAL SECURITY 216 14 4		INFORMANT CLINICA	AL RECO	RDS	s, VA	Address HOSPI			MD HOWARD
		1B. CAUSE OF DEATH PART 1. DEATH V	VAS CAUSED I		ne for (c), (b) and (c)									MATE INTERVAL MISET AND GEATH
		Conditions, if any, w		DUE TO, OR	AS A CONSEQUENCE OF METASTATI	C CAR	CINOMA	OF LUNG	}					
		stating the underlyi		DUE TO, OR .	AS A CONSEQUENCE OF CARC INOMA		OF PAIN	CREAS				-		
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	z	157X												
1	CERTIFICATION	190. DATE OF OPERATION	N 19b. CO	NDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AU1 YES [20b IF YE CAUSES OF	S, WERE FINDING	GS CON	SIDERED IN C	ERTIFYING
	Œ	21a ACCIDENT WAS	JNDERLYING	21b. TIME O	FINJURY	21c.	HOW INJURY O	CCURRED (Ente	r nature	e of injury i	n Part 1 or Parl	t 2 Iter	m 1B.)	

OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. (If either, notify medical examiner) P.M.

Day (AT HOME, FARM, STREET, FACTORY,)

21f. LOCATION Street or R.F.D. No

City or Town

Stote County

3

21d INJURY OCCURRED 21e PLACE OF INJURY While Not white at work

22a. I certify that (1) (this haspital) attended the deceased from 5/1 saw the deceased alive on 5/30/68 19 , and that causes stated above (1) (we) (did) (1) (1) view the bady after death.

TALBERT, M. D.

DEGREE

ATTENDING PHYS.

VA HOSPITAL

22e. ADDRESS

STAFF PHYS

FT

and that in (06) (our) opinian death accurred an the date and hour and fram the

22c DATE SIGNED 5/31/68

PHYSICIAN'S WAME (Type) 22d.

22b. SIGNATURE

JOHN

23b DATE 6/3 168 23c NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY 23d. LOCATION (City or Town)

(County) (State)

MARYLAND

230. BURIAL, CREMATION, Crema tion 24. FUNERAL DIRECTOR

ADDRESS

25a REC'D BY REGISTRAR

MED. DIRECTOR

BALTIMORE MARYLAND 25b. REGISTRAR S SIGNATURE

VR ATEV 30M REV.

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely director, page 3 should be detached for use os the bural-tronsit permit. Then please remove carba directar, page 3 should be detached for use os the burial-tronsit permit. Then pleose remove cara should be filed with the State Dept. of Heolth prior to burial, crematian, ar removal, and in ony event,

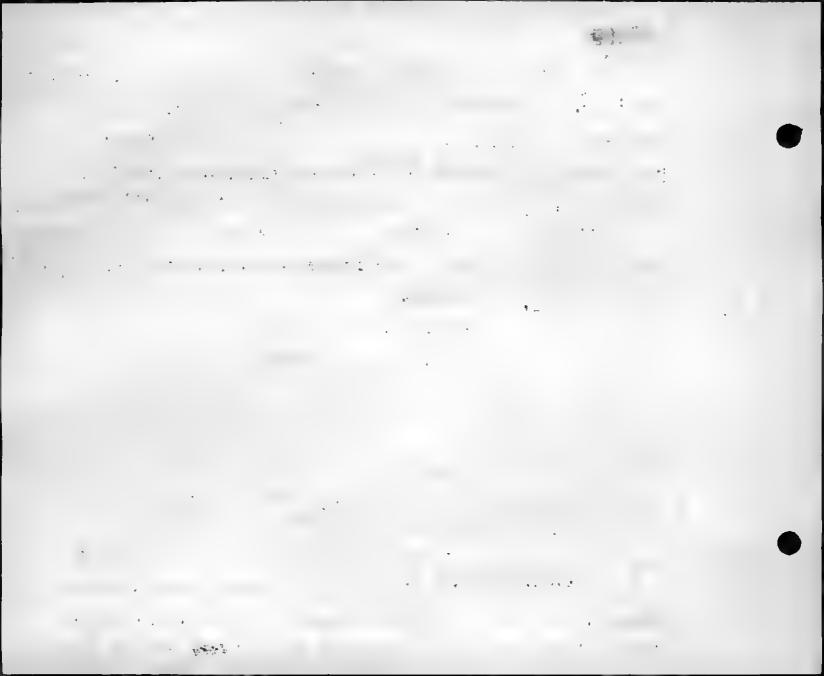
page 3 should be detached for use os the burial-transit permit.

Page 4 may be retained by the hospital or attending physician

JENKINS FUNERAL HOME,

4905 YORK TO

HOWARD.



24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balte. Md. 21214

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4000	1 12

06606 CERTIFICATE OF DEATH 1. DECEASED NAME Last 2b. HOUR First Middle 2o. DATE OF DEATH (Type or print) Ellen Burch 12:20P Chew S. DATE OF BIRTH IF UNDER 24 HRS. 3 SEX 4. RACE 6. AGE (In years IF LINDER 1 YEAR last birthday) 10/28/1873 9. COUNTY OF DEATH 7a, BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED country) Baltimore DIVORCED [Baltimore, Md USA WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired)
Secretary give street oddress) Stella INDUSTRY A & P Maris Hospice Tea Towson 13c. CITY OR TOWN 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY EMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES Baltimore 310 Lyndhurst St 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last Sarah Hammett John D. Burch 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, or unknown) 216-07-4860-4 Hospice records APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (c) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO T YES 📉 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while ot work 22a. I certify that (I) (this hospital) attended the deceased fram 10/10/53 , 19 , to 5/18/68, 19 saw the deceased drive on 5/18/68 19 , and that in (my) (our) opinion death occurred on the data _, and that in (my) (our) opinian death occurred on the date and hour and fram the causes stoted above. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22d PHYSICIAN'S 22e. ADDRESS Stella Maris Hospice NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE (County) BEMOVAL (Specify) New Cathedral Cemetery Baltimere, Md. 5/21/68.

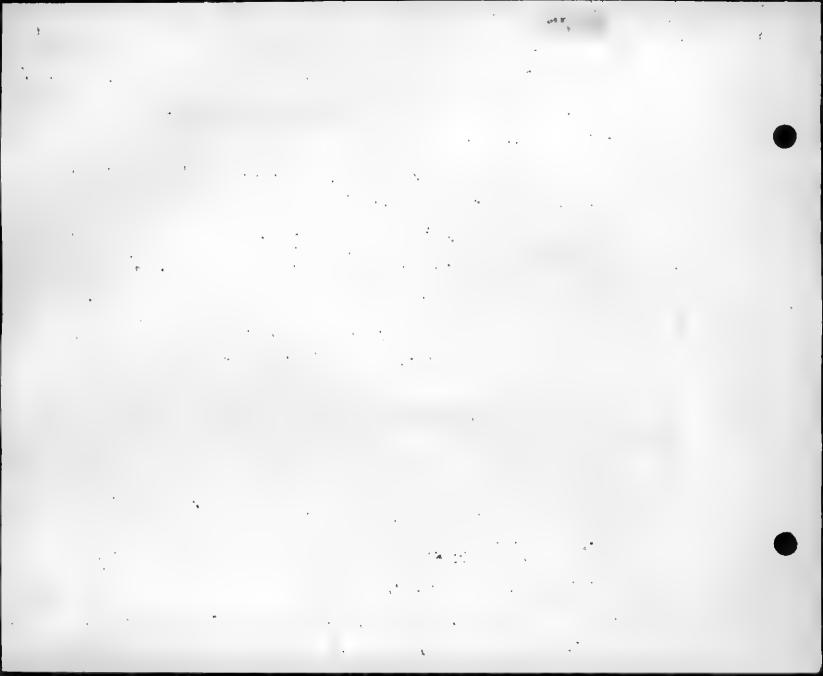
25o. REC'D BY REGISTRAR MAY 20

requires that the death certificate be executed within 24 ond completely filled remove carbon paper burial, cremation, or removal, and in any event, within **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retained by the hospital or ottending physician. director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR:

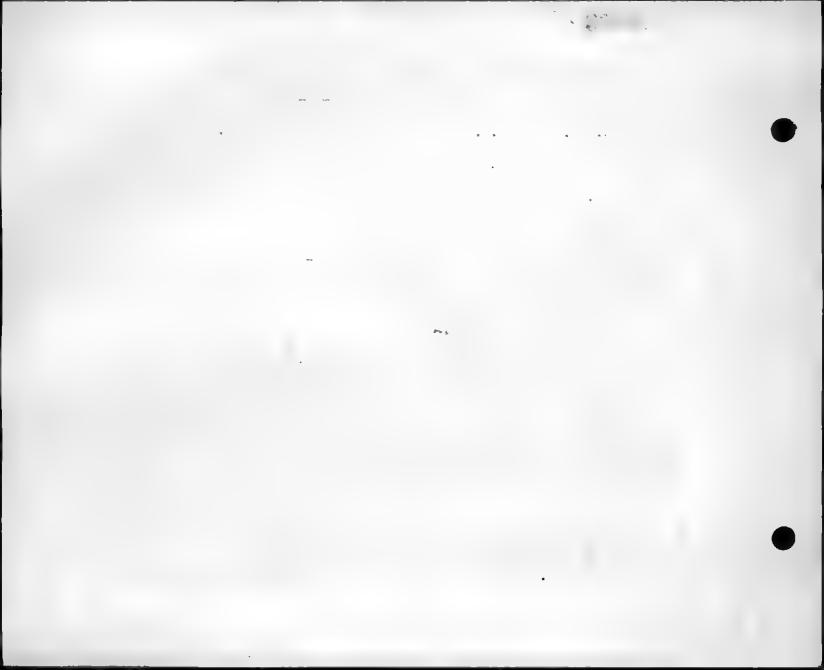
30M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 066 Middle 2a. DATE OF DEATH 1. DECEASED-NAME 2b HOUR death. deoth. (Type or print) 3. SEX DATE OF BIRTH IF UNDER 1 YEAR 4F JNDER 24 HRS after 6. AGE (In years lost bythdey) MONTHS . DAYS HOURS hours requires that the deoth certificate be executed within 24 hours 7a BIRTHPLACE (State of fareign OF WHAT COUNTRY? 9. COUNTY OF DEATH 7b. CÎTIZEN MARRIED NEVER MARRIED country) attending physician and completely filled in sermit. Then please remove carbop-papers Withun 72 h WIDOWED DIVORCED [TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired) INDUSTRY buriol, cremation, ar removal, and ın any event, 13d. INSIDE CITY EIMITS? 3e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN odmission) STATE 13b COUNTY A OLD Middle 14. FATHER'S NAME Middle Lost IS, MOTHER'S MAIDEN NAME First JOHAN 16a. WAS DECEASED EVER IN u.S. ARMED FORCES? Address 16b. SOCIAL SECURITY NO 35880LA Yes, no, or unknown) APPROX MATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (6) signed by the burial-transit p YPERTENSIVE GY DISERGE Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retoined by the hospitol or attending director, page 3 should be dintached for use as the Should be filed with the State Dept. of Heolth prior to 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? this certificate has CAUSES OF DEATH? YES [NO 🔲 21o, ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P,M. (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC. 21e. PLACE OF INJURY 21d. INJURY OCCURRED 1 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work O FURINAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from .19 68, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive ancauses stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE/SIGNED/ ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMAJORY 23d LOCATION (City or BURIAL CREMATION. (Stote) **BEMOVAL** (Specify) 31. R19 250. REC'T BY REGISTRAR 24. FUNERAL DIRECTOR 25h. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 36608 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08614 20. DATE OF DEATH MAY MG 1. DECEASED NAME Middle Last death. and ' BURNSTAD Manth 19 Day 1968eor (Type or print) THE TABLE 4:40am ELIZABETH 5 DATE OF BIRTH 1-28-96 6 AGE (in years last Prthday) IF UNDER 24 HRS. 3. SEX 4. RACE IF UNDER I YEAR white DAYS HOURS female 9. COUNTY OF DEATH 70 BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country Balto. MD. U.S. Balto. WIDOWED 🙀 DIVORCED [77] II NAME OF HOSPITAL OR INSTITUTION (If not in hospital SPRING) OF HOSPITAL DE HOSPITAL during HOUSE ALFE, even if retired.) 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR Catonsville requires that the death certificate be executed with carban 13d. INSIDE CITY LUMITS? 13e, STREET AND NUMBER 573 LUCIA AVENUE 13g USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN admission) STATE MD YES 13b. COUNTYBAL TIMORE NO. please remove 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First UNKNOWN 160. WAS DECEASED EVER IN S. ARMED FORCES? 17 INFORMANT Records- Spring Grove State Hospital (JAN 16 16 OM HEDWIN) (If yes give war of dates of service) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART 1. DEATH WAS CAUSED BY. Conditions, if any, which gove) rise ta immediate cause (a), signed by DUE TO, OR AS & CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES | O FUNERAL DIMECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Crty or Town County State While Not while at wark saw the deceased alive an MAY 19 be retained director, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE DEGREE 22d. PHYSICIAN S Hooton Dr. Grove State Hospital NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) 230 BURIAL, CREMATION, REMOVAL (Specify) Tradouck. 25g REC D BY REGISTRAR 24) FUNERAL DIRECTOR VR A15 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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No. WAS DECESSED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 166. SOCIAL SECURITY NO 17. INFORMANT Address Address Address Name 18. Address Name 19. Address Name Na	16o. \ Ye:	Nas Deceased Eyer is, no, or unknown)	ash	Last	; CLL C.	imore	117 NOT	22 North No	rris Street	
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BETWEEN POST AND CEARM PART I. DEATH WAS CAUSED BY						Rosewoo	d Record	ls, Owings Mills	s. Maryland	
DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR/CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 190 CONTRIBUTING AM. Marith Day Year 190 CONTRIBUTING CAUSE OF DEATH? 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Hem 18.) 190 DATE OF OPERATION 216. PLACE OF INJURY (Af HOME FARM, STREET, FACTORY.) 216 INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Hem 18.) 217 INJURY OCCURRED (IN) 218 INJURY OCCURRED (IN) 219 OF INJURY OCCURRED (IN) 210 INJURY OCCURRED (IN) 210 INJURY OCCURRED (IN) 211 INJURY OCCURRED (IN) 212 INJURY OCCURRED (IN) 213 INJURY OCCURRED (IN) 214 INJURY OCCURRED (IN) 215 INJURY OCCURRED (IN) 216 INJURY OCCURRED (IN) 217 INJURY OCCURRED (IN) 218 INJURY OCCURRED (IN) 219 INJURY OCCURRED (IN) 210 INJURY OCCURRED (IN) 210 INJURY OCCURRED (IN) 210 INJURY OCCURRED (IN) 211 INJURY OCCURRED (IN) 212 INJURY OCCURRED (IN) 213 INJURY OCCURRED (IN) 214 INJURY OCCURRED (IN) 215 INJURY OCCURRED (IN) 216 INJURY OCCURRED (IN) 217 INJURY OCCURRED (IN) 218 INJURY OCCURRED (IN) 219 INJURY OCCURRED (IN) 210 IN		IB. CAUSE OF DEAT	H (Enter only one couse per	ine for (a), (b), and (c).)	1.1	. /	/			
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22a. certify that (N) (this haspital) attended the deceased from 10/1 , 19 56 , ta 5/16 , 19 68 , that (1) (we) (as sared the decreased alive an 5/16) 19 60 , and that in (1904) (our) opinion death accurred on the date and hour and from the causes stated above, (2) (we) (d/d) (abbook view the body after death. 22b. SIGNATURE DEGREE ATTENDING MED. DIRECTOR DIRECTOR PHYS. MAME (Type) Richard A. Janes. M.D. Rosewood St. Hosp. Owings Mills, Md.	ĕ.		Mintal re	tardakeen	rooder /	2915	1115tek	or words car		
22a. certify that (N) (this haspital) attended the deceased from 10/1 , 19 56 , ta 5/16 , 19 68 , that (1) (we) (as sared the decreased alive an 5/16) 19 60 , and that in (1904) (our) opinion death accurred on the date and hour and from the causes stated above, (2) (we) (d/d) (abbook view the body after death. 22b. SIGNATURE DEGREE ATTENDING MED. DIRECTOR DIRECTOR PHYS. MAME (Type) Richard A. Janes. M.D. Rosewood St. Hosp. Owings Mills, Md.	ST	190. DATE UF UPEKATI	ON 196. CONDITION FOR W	HICH OPERATION WAS PER	FURMED	V				
22a. certify that (N) (this haspital) attended the deceased fram 10/1 , 19.56 , ta 5/16 , 19.68 , that (1) (we) last sard the decrased alive an 5/16 19.60 , and that in (1604) (our) opinian death accurred on the date and hour and from the causes stated abave, (2) (we) (d/d) (abbase view the body after death. 22b. SIGNATURE 22c. DATE SIGNED		DIA ACCIDENT WAS	INDEDIVING TOUR	DE IMBIDA	Int. 1			- Ded Lee Bad D	-	
22a. certify that (N) (this haspital) attended the deceased from 10/1 , 19 56 , ta 5/16 , 19 68 , that (1) (we) (as sared the decreased alive an 5/16) 19 60 , and that in (1904) (our) opinion death accurred on the date and hour and from the causes stated above, (2) (we) (d/d) (abbook view the body after death. 22b. SIGNATURE DEGREE ATTENDING MED. DIRECTOR DIRECTOR PHYS. MAME (Type) Richard A. Janes. M.D. Rosewood St. Hosp. Owings Mills, Md.	룅	OR CONTRIBUTING	CAUSE OF DEATH HOUR A.M.	Manth Day Year	ZICI	HOW INJURY OU	COKKED (Enter 6	ature at injury in rant i ar rant z	, ITEM 18.)	
22a. certify that (N) (this haspital) attended the deceased from 10/1 , 19 56 , ta 5/16 , 19 68 , that (1) (we) (as sared the decreased alive an 5/16) 19 60 , and that in (1904) (our) opinion death accurred on the date and hour and from the causes stated above, (2) (we) (d/d) (abbook view the body after death. 22b. SIGNATURE DEGREE ATTENDING MED. DIRECTOR DIRECTOR PHYS. MAME (Type) Richard A. Janes. M.D. Rosewood St. Hosp. Owings Mills, Md.	JE C				00V 1 015	COST TION	DED N	£11	£	
22a. I certify that (X) (this haspital) attended the deceased from 10/1 , 19 56 , ta 5/16 , 19 68 , that (X) (we) las saw the decrased alive an 5/16 19 68 , and that in (XX) (our) opinion death accurred on the date and hour and from the causes stated abave, (X) (we) (d/d) (docomove) with body after death. 22b. SIGNATURE DEGREE ATTENDING MED. STAFF X 5/16/68 22c. DATE SIGNED 5/16/68 22c. ADDRESS 22e. ADDRESS 22e. ADDRESS NAME (Type) Richard A. Janes. M.D. Rosewood St. Hosp. Owings Mills, Md.				OFFICE BUILDING, ETC.	OKI.) 211	LUCATION Stree	et of K.t.U. No.	City or lown	ronnik 21a18	
causes stated abave, (b) (we) (d/d) (dobatic view the body after death. 22b. SIGNATURE DEGREE ATTENDING MED. DIRECTOR PHYS. 5/16/68 22d. PHYSICIAN'S NAME (Type) Richard A. Janes. M.D. Rosewood St. Hosp., Owings Mills, Md.	9	at work ot work	Alle (al.:	landed the deces	4 60000	1071	10 56	10 5/16 II	0.68 that \$1\ /\ In-	
causes stated abave, (t) (we) (d/d) (datast view the body after death. 22b. SIGNATURE DEGREE ATTENDING MED. DIRECTOR PHYS. 5/16/68 22d. PHYSICIAN'S NAME (Type) Richard A. Janes. M.D. Rosewood St. Hosp., Owings Mills, Md.		sew the de	censed alive an 54	16 line deceuse	68 aı	nd that in (26	M) (our) opini	on death accurred on the d	late and hour and from the	
DEGREE PHYS. DEGREE PHYS. SIAFF ST. 5/16/68 22d. PHYSICIAN'S NAME (Type) Richard A. Jones. M.D. Rosewood St. Hosp., Owings Mills, Md.	H	causes stat	ed abave, (b) (we) (dd	(dichosticview the b	ody after	death.	77 7			
22d. PHYSICIAN'S NAME (Type) Richard A. Jones. M.D. 22e. ADDRESS ROSewood St. Hosp., Owings Mills, Md.		22b. SIGNATURE				ATTENDI	NG - MED		DATE SIGNED	
NAME (Type) Richard A. Jones. M.D. Rosewood St. Hosp., Owings Mills, Md.		Lect	and les	Jones	DEG	REE PHYS.	L DIRE		5/10/60	
Richard A. Jones, M.D. Rosewood St. Hosp., Owings Hills, Md.		ALB DAT IT, and b	D1 -1 1 1 7	X				Tra Ond	W477 - W4	
23d. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c NAME OF CEMETRY OR (REMATORY 23d LOCATION (City of Town) (State)	23a.		23b. DATE	23c MANE OF	ATEN O	R CREMATORY	etry	A LOCATION (City of Town)	Macounty) (State)	
Burial 5/21/68 Att ADDRESS VALY COMMENTAGE RECEIVED REGISTRAR'S SIGNATURE	24 5	BURIAL, CREMATION, REMOVAL (Specify)								
Adolphus Halstead 1206 W North Ave DATE 17 1968		REMOVAL (Specify)	5/21/68	Pit ADDOCA	Vary	Cemet	1044 DECID DV	DECICIDAD - LOCK DECISTRAD	'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law majoires that the demith certificate be exacuted within 24 liaurs after death.

Page 4 may be retained by the haspital ar attending physician.

and 2 death.

the uneral

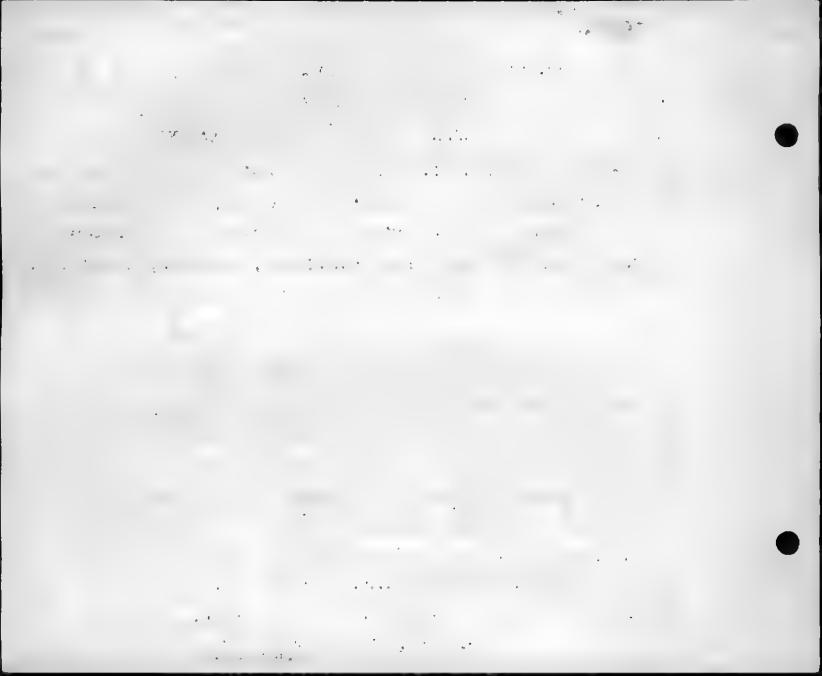
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 p VR A15 (4) 30M REV 1/68



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	36610 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First M. dd-e Last (Type or Print) BONNIE LOUISE CALHOUN (Bonnie Tharp) 20 DATE KNOWN Manth Day Year, 25 HOUR OF ESTI-
ny deloy is 1, 2, ond 3 to m PM3. Page	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years of Junder 1 year of Junder 24 HRS of DATE PRONOUNCED DEAD year of June 1 year of
3	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH Country) Baltimore USA WIDOWED DIVORCED Baltimore Md
24 hours after deoth in Item 18. Give Pages 1, r's Office along with farm as I ond 2 with the Store De its ofter death.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired) Viddle River Station Pa. RR Student 12. USUAL OCCUPATION (Kind of work done give street address) INDUSTRY Notice of HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired) Notice of HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired) Notice of HOSPITAL OR INSTITUTION (If not in hospital during most of work done give street address) Notice of HOSPITAL OR INSTITUTION (If not in hospital during most of work done give street address) Notice of HOSPITAL OR INSTITUTION (If not in hospital during most of work done give street address) Notice of HOSPITAL OR INSTITUTION (If not in hospital during most of work done give street address) Notice of HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired) Notice of HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired) Notice of HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired) NOTICE OR INSTITUTION (If not in hospital during most of working life, even if refired) Notice of HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired)
rs after de 18. Give I e along w 2 with the	13a USUAL RESIDENCE (Where deceased rived, finstitution, Residence before 13c CITY OR TOWN admission) STATE Maryland Baltimore Middle River YES NO. 1526 Aldeney Ave. 1526
	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost William Calhoun Helen Currey
	16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or detes of service) None Arden Tharp Same
be executed "pending" naief Medicol E. ansit permit. Fleevent within	18 CAUSE OF DEATH (Enter any one cause per ling for (a) (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave nse to immed at e cause (a) stating the underlying cause [6] Stating the underlying cause [6]
R: This certificate should erithcate, writing the word buld be forwarded to the Cf. 5s. hould be used as a burial-transou, or removal, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 210 THIS PORT 1 or Port 2 item 18)
	PRIMARY FLOR CONTRIBUTING DEPART 5-2/19 68 STUCK BY PART TR, #400 (Eng. 4935) 21d INJURY OCCURRED 23-CLACE OF INJURY (At hame form street, 21t LOCATION Street or R. PD No Gity or Town A Country State
ICAL EXAMINER: e execute the certification of the strong of should be for your fines. ECTOR: Page 3 should buriol, cremation,	22a. I certify that I took charge of the remains described above rield on Autopsy , Inspection B. Inquiry B. and in my opinion death resulted from. Notural courses , Accident D. Suicide . Homicide . Undetermined manner
pleas I direct retain	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
	EXAMINER'S NAME (Type) M. B. Davis, M.D. 6800 Mornington Rdapprostretalthypen Rdapprostretalt
5 = 2 0 = 0	230. BURIA, (REMATION, REMOVAL (Specify) 230. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State) 230. BURIA, (REMATION, REMOVAL (Specify) 23d LOCATION (City or Town) (County) (State) 230. BURIA, (REMATION, REMOVAL (Specify) 23d LOCATION (City or Town) (County) (State)
VR A15ME IT	James E. Bruzdzinski 1407 Lastern Ave. 250 REC D BY REG STRAR 250. REGISTRAR'S S GNATURE DATE MAY 2 3 1968 Chowles Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06611 CERTIFICATE OF DEATH DECEASED-NAME Last 2c. DATE OF DEATH First Middle 2b. HOUR death (Type or print) 9:35 RM FRANCESCO CAMMARATA 4 RACE 5. DATE OF BIRTH 6. AGE (In years 3. SEX IF UNDER 1 YEAR EF UNDER 24 HRS requires that the death certificate be executed within 24 haurs after MALE WHITE lest_birthday) 7/10/92 please remave carban papers. Pay 1, and in any event, within 72 haurs signed by the attending physician and campletely filled in by burial-transit permit. Then please remove carban papers. P 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED COUNTY ALY U.S.A. BALTIMORE COUNTY. WIDOWED TA DIVORCED [7] 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) GIVE STREET ODD ADM FORT HOWARD 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER NO 🗌 BALTIMORE 7213 Old Harford Road 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Francesco Cammarata Guiseppa Cartorna 165. SOCIAL SECURITY NO 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no prunknown) 03 19 27 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. CEREBRAL VASCULAR ACCIDENT IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES PROFAMILITOPSY ₩0 I¾ YES 🔲 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY Stote City or Town County While Mot while at wark 220. I certify that (C) (2this haspital) extended the deceased from sow the deceased alive on_ and that in (part (our) opinion death occurred on the date and hour and fram the couses stoted above, (K (we) (did) (did not) view the bady after death. 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. 5/6/68 22e. ADDRESS 22d. PHYSICIAN'S MADHAV D. BARHANPURKAR, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND director, 23b. DATE 5/9/68 23c. NAME OF CEMETERY OR CREMATORY 23d EOCATION (City or Town) 230. BURIAL, CREMATION (County) (State) BUR LAL GARDENS OF FAITH BALTIMORE, MARYLAND ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ROBERT C. ALTENBURG RUNERAL HOME VR A15 (4) 30M REV, 1/68



2 2 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
END CTATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	714
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20. DATE KNOWN Month Doy	Year 2b HOUR
is to the state	(Type or Print) TIMOTHY RAY CANTWELL OF ESTI- May 4,	լ689:15₽
delay Post	3 SEX 4 RACE S DATE OF BIRTH 6 AGE years F MORE YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR 9:15
	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 00 7.14
- E 8	(Ountry) Maryland U. S. A. WIDOWED DIVORCED Baltimore	Md
24 hours ofter deoth ny in Item 18. Give Pages 1, 2, r's Office along with form Pes I and 2 with the State Depgris ofter death.	mive street address) - FEL D. 30 during most of working life, even (frehred.) INDEST	IND OF BUSINESS OR
Give ong the	130 USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Co
s often 18. Gi	odmisson) STATE Maryland 13b COUNTYBaltimore Edgemere YES NO X Willow Road Rt.	#10
hours Item Office I and 2	14 FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Lost
24 in I ler's (es 1 les 1 les 1		illmeyer
INER: This certificate should be executed within 24 e certificate, writing the ward "pending" in penul in should be forwarded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit. File pages attan, or removal, and in any event within 72 hours	166 WAS DECEASED EVER IN US ARMED FORCES? (Yes_no or unknown) (Hyes give war or doles of service) 212-36-5622 Mrs. Dorothy Cantwell, Box 434A Wil	
should be executed with we word "pending" in perion the Chief Medicol Examburiol-transit permit. File in any event within 72	B CAUSE OF DEATH [Enter only one couse per line for (o), (o), ond (c))	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
ing ling edir ermi	PART I. DEATH WAS CAUSED BY: Shotgun wound of Abdomen MMEDIATE CAUSE (0) Shotgun wound of Abdomen	
pend pend sf M sit p	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	
ld b	rise to immediate cause (a), (b)	
shoule wo the ouriol-	stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF lost.	
ote s g the ed to s o bu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ifing order order al, a	71/X	
his certificate, writing the forword be used a removal,	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING 8 + DUR A + DURY Month Doy, Year RANGE OF DEATH 8 + DUR A + DURY A + DURY MONTH DEATH AND A + DURY MONTH DOY, Year RANGE OF DEATH 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (At home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (AT home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (AT home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (AT home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (AT home, form, street) 21d. INHIRY OCCURRED. 21e. PLACE OF INJURY (AT home, street) 21d. INHIRY OCCURRED. 21e. PLACE OF IN	20 AUTOPSY?
This licate be f d be or re	210 EXTERNAL CAUSE WAS 21b. T ME OF INJURY Month Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, item 18)	YES 🔀 NO 🗌
INER: T e certific should b files. 3 should atton, or	PRIMARY X OR CONTRIBUTING 8: 15 PM May 4, 19 68 Shotgun wound of abdomen	
	The state of the s	nty State
XAM tre th ge 4 your Poge crem	WHALE NOT WHILE BUILDING Fisherman Inn Bx55h Rt.10 Bal	timore M.D
DEPUTY JICAL EXAMINER: cessary, please execute the certinos director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should afth prior to buriol, cremation,		and in my opinion
TY CAL E y, please executed director. Pages e refamed for the DRECTOR: F	death resulted from Notural couses , Accident , Suicide , Homicide , Undetermined manner	
please I directo retamed L DIREC	ACTUAL CHIEF MEDICAL EXAMINER 22b, DATE SIGNED	
essary, property funeral noy be real now be real now be real the print p	SIGNATURE AND ASSESSMENT ASSESSMENT AND ASSESSMENT AS	5-5-68
necessary, please e the funeral director 5 may be retained for FUNERAL DIRECT Health prior to bu	EXAMINER'S KONALD N. KOYNDLUM, M.D. DEPUTY MEDICAL EXAMINER E.J. ADDRESS(Street city, town or county)	
TO D TO FL Hed	230 BURIAL (REMATION, Burial Specify) 5/8/68 23c NAME OF CEMETERY OR (REMATORY Burial Specify) 23d 10cation (Gity or Town) (County Baltimore,	
L's	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 256 REGISTRAR'S SIGNATU	URE
VR A15ME (5) 10M REV 1/68	John J. Duda, 7922 Wise Ave. Dundalk, Md. DATE MAY 9 1968 Icharles	, Judge

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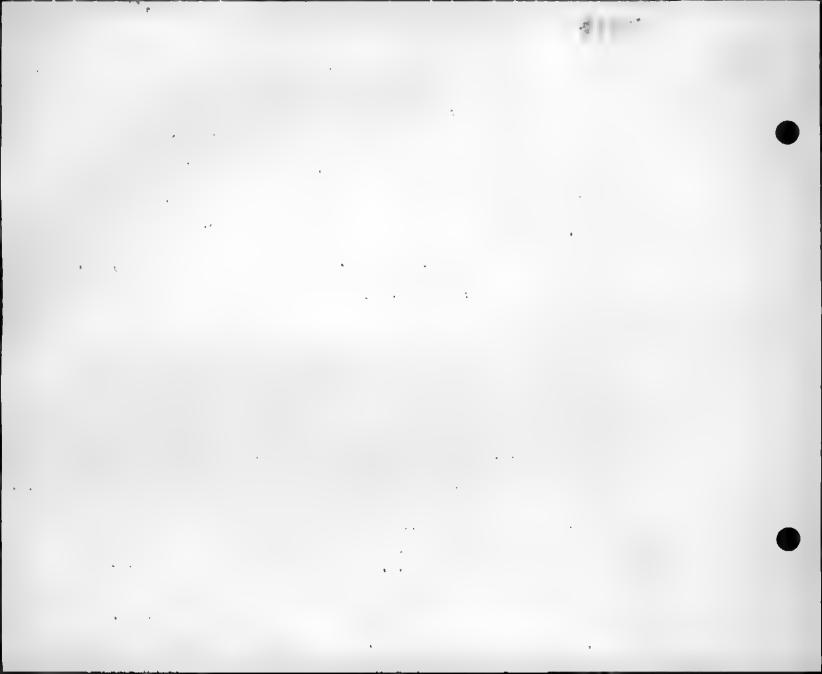
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E	3661# DIV	ISION OF VITAL RECORDS, 3 MEDICAL EXA		street, baltimore, mar RTIFICATE OF DEATI		310
PT.	. DECEASED-NAME		l-ddle	Last		h Day Year 2b HQUI
	(Type ar Print)	DA		CAPLAN	DEATH MATED [94 18 19683 %
3	SEX 4. RACE	S DATE OF BIRTH	6 AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MUN	2c DATE PRONOUNCED DEAD	2d HQJ
	FEMALE WHI	175	70 YRS	architis Dr. 3 Hours main	Month may Day	8 Year 1968 43
7	a BIRTHP.ACE (State or foreign	76 CITIZEN OF WHAT COUNTRY			OUNTY OF DEATH	
71	DUNTRY) LITHUANIA	USA		WED 🔀 DIVORCED 🗌	BALTIMORE	٨
	J CITY OR FOWN OF DEATH	11 NAME OF HOSE	TITAL OR INSTITUTION	(If not in haspital 12a ESJAL during most	OCCUPATION (Kind of work done t of working life, even if retired	2b. KIND OF BUSINESS OR INDUSTRY
7	BALTIMORE	give street address eceosed lived, if institution. Reside	LBROOK PH	R TOWN 13d INSIDE CITY UM.TS?	of warking life, even if retired	AT HOME
. o "	admission) STATE	13b. COUNTY	nce before 130. UIT	YES NO X	The street street being the	Page Da Age o o
1 1/	s, FATHER'S NAME First	Middle	last	15. MOTHER'S MAIDEN NAME Fig.		PARK DR. APT. 2 C
4					ar wriddie	FØSE
16	NAPA Sa. WAS DECEASED EVER IN U.S. AF	MED FORCES? 16b. SOCIAL	LOV/7Z SECURITY NO. 17	UNKNOWN .	ADDRESS	
	(Yes, na, ar unknawn) (If	eas now west or dates of sequent		ISS ESTHER CAPL		PW APT 2C
F		ter any one rause per line for (a) (h	t and (c))		•	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Н	PART I. DEATH WAS (AUSED BY. IMEDIATE CAUSE (o)	a Tendan	lerote T-V.	9 sease	BETWEEN ON SET AND DEATH
	4129 - "	DUE TO, OR AS A CONSE			200	- Janes
	Conditions, if any, which g					
	rise to immediate cause stating the underlying co		QUENCE OF			
	last.	—)				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR BUTING TO DEAT	BUT NOT RELATED T	D THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(o)	
=	5 / 1		more.		<u>,, </u>	
MOLEVATION	19a. DATE OF OPERATION		ION FOR WHICH OPER ERFORMED?	allon when.		20. AUTOPSY?
20710	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY Mont	Day Voor 121	c. HOW INJURY OCCURRED (Enter no	stress of values in Book 1 as Book 5	YES NO
			nne	The real state of the state of		, mont 10.)
MEDICAL	CAUSE OF DEATH 21d IN. JRY OCCURRED	21e. PLACE OF INJURY (At home, for		LOCATION Street or R.F.D. No.	City or Town	County State
	WHILE MOT WHILE	foctory, office building, etc.)			•	
		at I taak charge of the remains	described above	held an Autonsy	Inspection 🔀, Inquiry	and in my apinia
	death resulted fro					
				CHIEF MEDICAL EXAM		
	ACTUAL SIGNATURE 2.	D. Caples		ASSISTANT MEDICAL E		TE SIGNED
	EXAMINER'S	/		DEPUTY MEDICAL EXA		5/18/68.
	NAME (Type) D.	D. CAPLES		ADDRESS(Street, city,		
7	23a BUR AL CREMATION, REMOVAL (Specify)		NAME OF CEMETERY		3d LOCATION (City or Town)	(Caunty) (State)
' -	REMOVAL (Specify) BURIAL	5-19-68 AT		IRON (SODOVA)	BALTIMORE	MARYLAND
1.	24 FUNERAL DIRECTOR		ADDRESS	2Sa REC'D BY F		carles Judge
L	DOL YEALLY	ISON Y BROS, 601	C KEISTERS	POUN MODATE	2 1 1968	The same

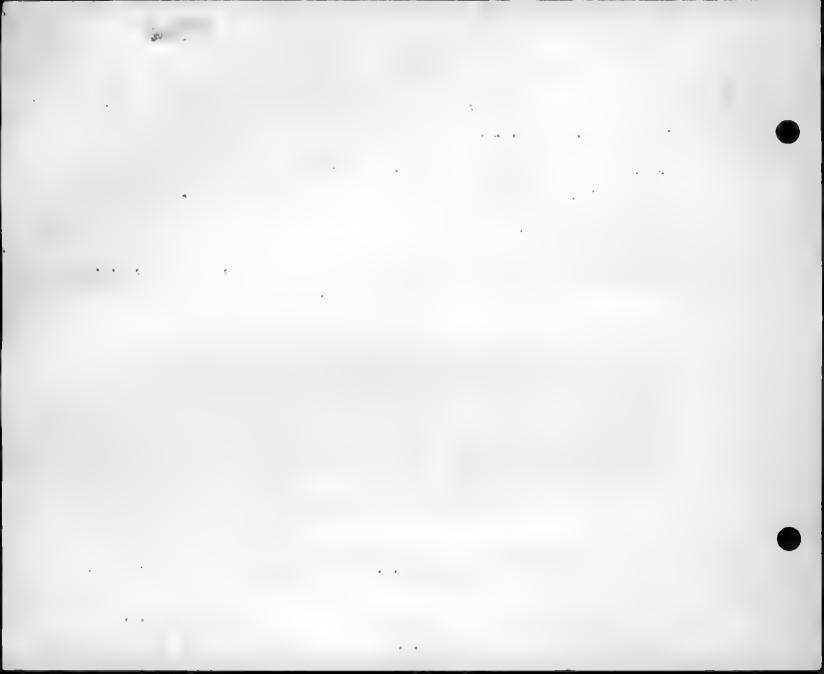
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. 1	1		1	MARYLAND STATE DEPARTMENT OF HEALTH	
the	EOD ST	ATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	191
/ HI	CORRO	ALE	1		Day Year 2b HOUR
111		2		Type or Print	3, 19683:25 №
John State of the	P.M3. Page	Department of	3.	SEX 4. RACE S. DATE OF BIRTH 6 AGE 1. AS BUNDER 1 YEAR IF UNDER 24 HRS. OAYS HOURS MIN MONTH'S OAYS HOURS MIN MONTH MAY DAY	3 year 68 3:25 H
	2,9	ote Depar		BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH Unitry) Nacyland USA WIDOWED DIVORCED RAltimore CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane	Md.
7	ve Pa	the St		Sparrows Point give street address) Bethlehem Street Corp. during most of working hite, even if retired)	INDUSTRY
offo offo	18. Gr	land 2 with the State offer death.	13	odmission) STATE Maryland 13b COUNTY 18 Baltimore 13c CITY OR TOWN 26 INSIGE OF NO 2814 St. Paul	Street
M hour	n Item s Office		14	Edward C: Carter Last 15 MOTHER'S MAPDEN NAME First Middle Virginia Satterfield	Lost
1	pencil i	File pages 172 haurs	16	a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hys. give wor or darbes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS No. Richard (arter, Baltimore)	. Md.
2 0041	g" in "g	mit Fil		18 CAUSE OF DEATH (Enter on y ame cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple Traumatic Injuries	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
This same control to avacied within 24 hours offer don't	should be-forwarded to the Chief Medical Examiner's Office along with form	3 should be used as a burial-transit permit File intian, or removal, and in any event within 72		Conditions, if any, which gave is to immediate cause (a).	
-2 -2 -4	he wor	burial-t		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
400	ifing fl	oge 3 should be used as o be cremotian, or removal, and	30	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	te, wr	remov	CEPTIFICAL	9a. DATE OF OPERATION 19b. COND T ON FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES 🔀 NO 🗌
- qu	ertifico uld be	ould t	4 REDICTED		tem 18)
CVAMINED.	the c	ge 3 st	4	foctory office building etc.)	County State Saltimore M.D.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	execute tar. Page	CTOR: Po	3	220 certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry death resulted from: Natural courses , Accident , Suicide , Homicide , Undetermined monner	ond in my opinion
	ssary, please ex funeral director.	RAL DIR		ACTUAL CHIEF MEDICAL EXAMINER (SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (22b. DATE	signed 68
TO DEBIT	the fu	TO FUNE Health	2	NAME (Type) ADDRESS(Street, city, town, or county) 30 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCAT ON (City or Town)	(County) (State)
·		A	2	RYMOVAL SPECIAL 5/6/1968 Greensboro Greensboro, Md. 4 FUNERAL DIRECTOR ADDRESS 250 REC BY REGISTRAR 256 REG STRARS	SIGNATION
		15ME (5) REV 1/6B	SL	MURGCE E. NEUWAM & SON, Easton, Md. DATEMAY 7 1968 fiction	les from



1	Ttems 18 & 22a film 40MARYLAND STATE DEPARTMENT OF HEALTH 2-8-88 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND-21201
FOR STATE	Item2aFilmG401 6/2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Middle Last 2a, DATE KNOWN Month Day Year 2b HOUR
200	(Type or Print) EDNA STREATER CHAMBERS DEATH MATED May 7 1968
delay	3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In yours 1/2 JNDER 1 YEAR 1/2 JNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d HOUR
ond del	Female Negro March 2, 1939 29 yrs
- E / 8	70 BIRTHP.ACE (State or foreign 76 CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH PM WETGESboro, N.C. U.S.A. WIDOWED DIVORCED BALTIMORE
ate De la	
hours ofter death. Office olong wiff for lond with the State ofter death.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Spring Grove Hospital 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) NDUSTRY NDUSTRY
Give	130 LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 3d Institution, 13d Institution
	odmission) STATE Md.
hours Item 18 Office of Ion 2 v	14. FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost
	James Clayton Streater Wilhelminia Sowell
within 24 pencil in xominer's ile pages 72 hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give was or dates of service)
n pe Ilxoii File	No Smith Funeral Home, Wadesboro, N.C.
be executed "pending" in nief Medicol II. snsit permit. F	IB. CAUSE OF DEATH (Enter only one couse per line for (q), (D), and (t)) BETWEEN ONSET AND DEATH DEATH MAY CAUSED BY.
e execute pending" ef Medicol ssit permit	IMMEDIATE CAUSE (a) Status epilepticus DUE TO, OR AS A CONSEQUENCE OF
be e "per ief insit	Conditions, if ony, which gove
should be word to the Chountal-tro	rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
should be en word "perion the Chief burial-transit I in any ever	kast. (c)
d the	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
rifica arde arde d as	3.5 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
tertii orwal orwal used	19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
This is reade, be to le to le u	190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERAT ON WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CALSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e P. ACF OF INJURY At home form street 21f LOCATION Street or R.F.D. No. Cutv or Town County Street
	first all the state of the stat
EXA cute the date of your report of your report of the cute of the	WHILE NOT WHILE factory, affice building, etc.)
tcal EXA e execute tor Page ed for you cTOR: Page buriol, cre	22a. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection [], Inquiry [], and in my opinion
Ste estrar ned med by but how	deoth resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner
ITY SIC, please errol direction be retained at prior to burious to burior to	ACTUAL CHIEF MEDICAL EXAMINER CONTROL OF DATE SIGNED
Prije	SIGNATURE 22b. DATE SIGNED SYMMOTOR CHARLES S. Springate M.D. DEPUTY MEDICAL EXAMINER MAY 20, 1968
necessory, please execute the function of please are found of the function of the found of the found of the found of the function of the funct	EXAMINER'S Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER May 20, 1968 NAME (Type) ADDRESS(Street, city town, or caunty)
necessory the funet 5 moy b TO FUNER Health p	23a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State)
-	REMOVAL (Specify) Burial May 25.68 Westview Wadesboro N.C.
	24 FLNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 250 REGISTRAR 5 SIGNATURE
VR A15ME (5) 10M REV 1768	Smith Funeral Home, Wadesboro N.C. DATMAY 23 1968 Filterles Judges



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38617 CERTIFICATE OF DEATH Middle Lost 2o. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR (Type or print) Edward Thomas CHAMBERS 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years SE LINGER I YEAR physician and campletely filled in by the ten please remave carban papers. Pages, 1 lost birthdoy) 62 YRS. MONTHS OAYS HOURS Male August 31 Negro 1905 requires that the death certificate 🔳 executed within 2 🛮 Lours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | ban papers. within 72 bx Baltimore, DIVORCED [Maryland WIDOWED | U.S.A. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY Towson ST. JOSEPH HOSPITAL event, 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c CITY OR TOWN 13b. COUNTY NO Clifton Ave. Baltimore YES X signed by the attending physicion and co burial-transit permit. Then please rema burial, crematian, ar remaval, and in any 14. FATHER'S NAME Middle Middle Lost 1S. MOTHER'S MAIDEN NAME First Lost 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no. or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) WEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) (b) Chronic renal insufficiency rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the priar tal TO FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES X NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 218. PLACE OF INJURY (AF HOME FARM STREET FACTORY.) 21f. LOCATION Street of R.E.D. No. Stote City or Town County While Not while at work 22a. I certify that (A) (this haspital) attended the deceased from 4/27/saw the deceased alive an 5/2/1968, and that in , 19.68_, ta_5/2/ 19_68_, that (16 (we) last 19 68, and that in (my) (our) opinian death accurred an the date and haur and fram the saw the deceased alive an 5/2/19 68, and that causes stated abave, (I) (we) (did) (did nat) view the bady after death. le retained director, page 3 shauld shauld be filed with the 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS. May 2, 1968 DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN'S Cilliani, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 23o. BURIAL, CREMATION, (County) (Stote)

VR A15 (4) 17 30M REV 1768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1 2h HOUR

	CEMPED MANUE LIBIT	iniquie	Edai		U. DATE OF DEATH		ZD. HUYK
(1	ype or pnnt) Freder	ick	ClAS	ett	Manth -	Day Year	1A
3. SE			S. DATE 4	F BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNCER 24 HRS
	M.	W		2-12-7	last hirthday)	RS. MONTHS DAYS	HOURS MIN.
		EN OF WHAT COUNTRY?	MARRIED NEVER	WARRIED 9. C	OUNTY OF DEATH		
caur	[ArylANd	(1.2 N.)	WIDOWED	VORCED	BAITIM	ore_	M
R. C	ANCIALLS TOWN	11 NAME OF HOSPITAL OR INSTI	TUTION (If not in hospit		CCUPAT ON (Kind of work do warking life, every fretue	UNDUSTRY	BUSINESS OR
	USUAL RESIDENCE (Where deceased lived, i ssian) STATE 13b C		BAJIO	YES NO	3000 Was	11	Arc.
14. F	ATHER'S NAME First	Middle Lost		MAIDEN NAME First	Middle		Last
	Nathanie	L CLASETI	+	Rotte E	42Aboth -	F	
	WAS DECEASED EVER IN US ARMED FORCE		17. INFORMANT	1	Address	57)	
Y	(II yes give wer or dotes of	314-34-2	57.3.ELS	ie Clacett	Bonze-J	Ame	
	IB. CAUSE OF DEATH (Enter only one cou	se per line for (a), (b), and (c))					NATE INTERVAL NSET AND GEATH
	PART I, DEATH WAS CAUSED BY	(0 - 2 2 2 1	in Dea	+ Jail	4.4.0	or their or	ISC. RITO SCAIII
	412 9 IMMEDIATE CAUSE	(0)	700 A-Car		rice of the same o	1	
	Conditions, if any, which gave)	TO, OR AS A CONSEQUENCE OF	0	6 () IL	out Due		
	rise ta immediate cause (a).	(b) Where	ocero.	CC M	1 200-0	Red	
	stating the underlying couse DUE	TO, OR AS A CONSEQUENCE OF					
	last.	(c)					
	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1(o)		
~	To Posite	e Chacan	-J7	Lung	4		
100	19a, DATE OF OPERATION 19b CONDITION	FOR WHICH OPERATION WAS PERF	ORMED 20g.	UTOPSY?	20b IF YES, WERE FINDING	GS CONSIDERED IN CE	RTIFYING
CENTIFICATION				□ NO □	CAUSES OF DEATH?		
	21g. ACCIDENT WAS UNDERLYING 1216	. TIME OF INJURY			ure af injury in Part 1 or Port	t 2. Item 18.)	
	OR CONTRIBUTING CAUSE OF CEATH HO	UR A.M. Month Doy Yeor		(
MEDICAL	(If either, natify medical examiner)	P.M. 19			·-···		
20	21d. INJURY OCCURRED 21e PLACE OF While Not while	INJURY (AT HOME FARM, STREET, FACTO OFFICE BUILDING, ETC.	RY.) 21f. LOCATION	Street or R.F.D. No	City or Town	County	State
-	at work at wark			(~	1.1	10	
	22a. I certify that (I) (this haspit	al) attended the deceased	from 4 12		, to,	19 <u>07</u> , that	(I) (we) la
	saw the deceased alive an	1 19	<u></u>	(my) (aur) apiniai	n death accurred an the	adate and hour	and from th
	causes stated abave, (I) (we	a) (did) (did nat) view the bo	ady after death.		,		
	22b. SIGNATURE	1_	ATTE	NDING MED.	C STAFF C	22c. DATE SIGNED	(0)
		Auto	DECREE				

PHYS. 22e. ADDRESS

BURIAL CREMATION,
REMOVAL (Specify)
FUNERAL DIRECTOR

23d. LOCATION (City or Town) REGISTRAR 25b.

(Caunty) (State)

22d. PHYSICIAN'S NAME (Type)

1968

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Poge 4 may be retained by the haspital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon, should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, with



funeral ∮1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled if by the flueral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Heolth prior to burial, cremation, or removal, and in ony event, within 72 hours after death. 36619

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE OF DEATH	,	35€	25
dle	CLARK	20. DATE OF DEATH May Month 250y	1988	2b. HOUR
	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS

1 DECEASED NAME	First		Middle		Lost		20. DAT	IE OF DEATH			2b. HOUR
(Type or print)	NAOM	iI	P.		CLARK			May	25°9	1988	4:25px
3. SEX Female		4 RACE Wh:	ite		S. DATE OF E	8-05		6. AGE (In last births	yeors loy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MEN.
7o. 8 RTHPLACE (Stote country) Baltin		76. CITIZEN OF WI	A.	WIDOWED		RCED		y of DEATH Baltimo			Md
O CITY OR TOWN OF Baltimor	·e	give	AME OF HOSPITAL OR INS	seph H	lospita	120. USUAL		TION (Kind of wo		12b KIND OF INDUSTRY	8USINESS OR
130. USUAL RESIDENCE odmission) STATE N	(Where deceose [aryland	d lived, if institut 13b COUNTY	tion Residence before		imore	YES NO		e. STREET AND NU 2903 Alc		oad 212	:34
14. FATHER'S NAME	First	Middle	Lost	1:	S. MOTHER'S N	IAIDEN NAME Fire	st	-	Middle		Lost
	Aorge	1,	Peregos	7		**	ริ.วิทย			[chii]	1.7.
160. WAS DECEASED EN Yes, no, or unknown	/ER IN U.S. ARMI } { fyssgivewo	ED FORCES? r or dates of service)	16b. SOCIAL SECURITY N		INFORMANT			·	Address		
10	/		220_111_07	765 15	re Nan	ni Hahn	5 E	Main B	lvd	'imoniu	m 27083
			ne for (o), (b), ond (c)								IMATE INTERVAL DNSET AND DEATH
PART I. DEA	TH WAS CAUSED IMMEDIAT	BY: 'E (AUSE (a)	Astrocyto	na Gra	de III	, left :	fron	tal			
172			AS A CONSEQUENCE OF								
Conditions, if on	, which gove	(b)									
rise to immedia stating the und			AS A CONSEQUENCE OF								
lost.)	(c)									
PART 2 OTHER S	IGNIFICANT CON	DITIONS CONTRIBU	ITING TO DEATH BUT NO	OT RELATED T	O THE TERMIN	AL DISEASE ORCO	ONDITION	GIVEN IN PART 1(0)		
- 6											
190. DATE OF OPEN	RATION 19b. C	ONDITION FOR WI	IICH OPERATION WAS PER	RFORMED	20o. AUT	OPSY?		Ob. IF YES, WERE F	INDINGS CO	ONSIDERED IN C	ERTIFYING
OH.					YES	_ но [₹	G	AUSES OF DEATH?			
210. ACCIDENT W	CAUSE OF DEATH	HOUR A.M			1		noture of	f injury in Port 1	or Port 2, I	tem 18.)	
While Not w	URRED 21e I	PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.							County	Stote
22a. L certify	that (I) (this	haspital) att	ended the decease	d from	5-24	. 19. 6	8 . ta	5-25	. 19	68 , that	t (I) (we) las
saw the	deceased ali tated alpove,	ve an5 (I) (we) (did)	ended the decease -25- I (did nat) view the	9 <u>68</u> , an bady after	d that in (n death.	ny) (aur) apin	non dec	ath accurred a	n the đa	te and havr	and fram the
22b SIGNATURE	- of	4- gr	you	J. Dec		ING ME		111134	X.	Date signed 5-25-68	
22d. PHYSICIAN'S NAME (Type	Jaime	Singzon	, м. М.		22e. AD	620 Yor	k Ro	ad, Bali	timor	e, Md.	21204
230 BURIAL, CREMATION REMOVAL (Specific	3	ATE 28-1965	23c NAME OF			Cemestes		CATION (City or To	,	(County)	(State)

21235

VR A [5 (4) 30M REV 1/68

24. FUNERAL DIRECTOR

.To.n.

ADDRESS

2So. REC'D 8Y REGISTRAR DATE MAY

1968 FCLarles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) William Manth J. Collison 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. requires that the death certificate be executed within 24 haurs after 6. AGE (In years last birthday) HOURS M W 7/31/1879 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED | NEVER MARRIED | (quntry) U. S. A. Bal timore Md. WIDOWED DO DIVORCED [7] Towson

Towson

Towson

Towson

Ta. USDAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN

Table 13b. COUNTY

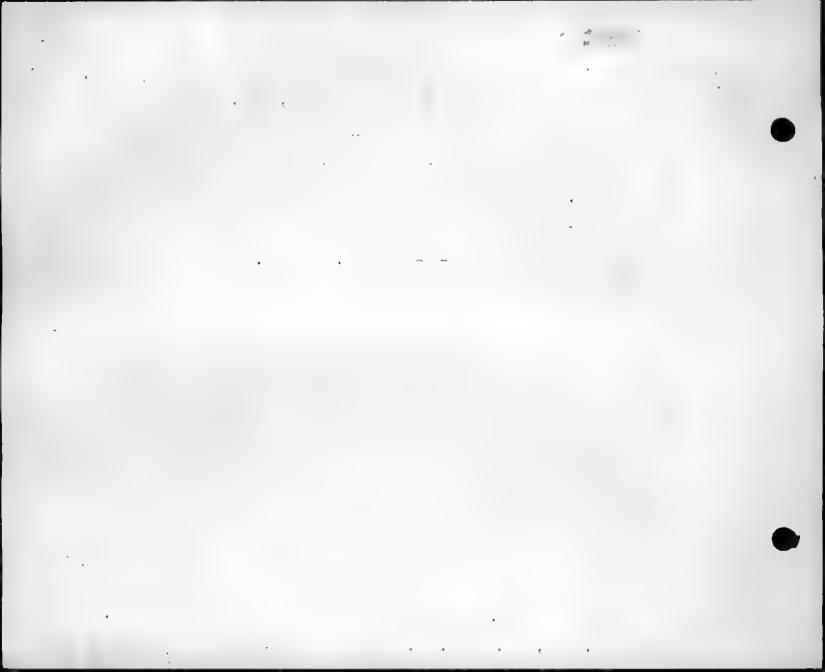
Towson

Table 13b. COUNTY

Towson

Table 13b. COUNTY 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during mast of working life, even if retired)
Retired - Architect INDUSTRY carban Marina burial, crematian, ar remaval, and in any event, 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 814 Evesham Ave. please remaye 14 FATHER'S NAME Last .5. MOTHER'S MAIDEN NAME First Middle Levin Collison Caroline Lantz 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (tyes give war or dates of service) 216-05-5993Mrs.Evelyn C.Mackenzie (Same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) signed by the attending BETWEEN ONSET AND GEATH DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has been 196. CONDITION FOR WHICH OPERATION WAS PERFORMED Da. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION CAUSES OF DEATH? YES [] NO F 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 38.) ATTENDING PHYSICIAN: CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCAT ON Street of R.F.D. No. City or Town County State While Nat while at work 22a | certify that (I) (this haspital) attended the deceased from Carrell 8-1451955, ta middles, 19 68, that (I) (we) last saw the deceased alive an income and from the deceased alive an income and from the saw the deceased alive an income and from the saw the deceased alive an income and from the saw the deceased alive an income and from the saw that in (my) (aur) apinian death accurred an the date and haur and from the be retained causes stated above, (I) (we) (did) (did not) view the bady after death 226, S GNATURE 22c DATE SIGNED ATTENDING. DEGREE DIRECTOR PHYS 22e ADDRESS 22d. PHYSICIAN S NAME (Type) Medical Arts Bldg, Goldberg direct 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIA., CREMATION 23b DATE (County) Burial (Spec fy) Druid Ridge Pikesville Balto Co Md Sons Colligo York Road Balto 12 Md. 30M REV





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ı	16953		CERTIFI	CATE OF D	DEATH				.38
Ĩ.	. DECEASED-NAME First	Mid	ddle	Lost		2a. DATE OF	44 4 -		2b. HOUR
ı	(Type or print) EDI	M HTT	ae	CROSS		MAY	Manth 28 Doy	1968	12:13
3.	. SEX	4. RACE		S. DATE OF BIR	TH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Т	FEMALE	WHEE	TE	JUNE 14	1886		last birthday) 81 YRS.	MONTHS DAYS	HOURS MIN
7	o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTR'	Y? B. MARRIEI	D 🔲 NEVER MARR		COUNTY OF	DEATH		
Ľ	MARYLAND	U.S.A.				BALTI	MORE.		N
	O. CITY OR TOWN OF DEATH TOWSON	give street addres	JOSEPH HOS	SPITAL	during mast	of work ng l HOMEM	(Kind of work done fe, even if retired.) AKER	INDUSTRY	f BUSINESS OR
13	30. USUAL RESIDENCE (Where deceos	Lyon country			ad. Inside City Limit	_	EET AND NUMBER		
اً اِ	dmission) STATEMARYLAND	13b. COUNTY Bal. to	•		YES NO [<u>3</u> 3320	WILLOUGH	BY RD.	#21234
1	4. FATHER'S NAME First	Middle	Last	1S. MOTHER'S MAII	DEN NAME First		Middle		Last
L	George Ph				Scrivne	er			
1	(11 yes give w	var or dates of service)		. INFORMANT			Address		
	no	21.8-0	7-7718	Clara E	Brown, c	dght.	above		
ı	1B. CAUSE OF DEATH (Enter an								XIMATE INTERVAL ONSET AND DEATH
ı	PART I DEATH WAS CAUSED IMMEDIA	D BY: ATE CAUSE (o) Acute 1	nyocardial	infarct	ion				
ı	+109	DUE TO, OR AS A CONSEQ	QUENCE OF						
Т	Conditions, if any, which gave) rise to immediate cause (a),		osis of ri	ght coro	nary ar	tery c	lisease		
П	stoting the underlying cause	DUE TO, OR AS A CONSEC							
П	last 4	1 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	ry arterio						
Т	PART 2. OTHER SIGNIFICANT COM	_							
	arteriosciero	tic gangrene d			-				
4	₩ L_5/27/08	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 5/7/68 Collulitis right foot 5/27/68 Diabetic gaperene rt. foot YES NO CAUSES OF DEATH?						CERTIFYING	
	S OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Manth D ner) P.M.	Day Year 19			ature of injury	y in Part 1 ar Port 2,	Item 1B.)	
	21d INJURY OCCURRED 21e. While Nork at work	PLACE OF INJURY (AT HOME, FAR OFFICE BUILDI	M, STREET, FACTORY.) 21f	LOCATION Street	ar R.F.D. Na.	City	ar Tawn	County	State

22a. I certify that (X) (this haspital) attended the deceased from May 1 , 1968, ta May 28, 1968, that (X) (we) last saw the deceased alive an May 28, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the body after death.

Lawrence F. Misanik, M.D.

ATTENDING PHYS DEGREE ^{22e} ADDRESS 7620 York Rd., Towson, Md. 21204

DATE JIIN

MED. DIRECTOR STAFF PHYS.

22c. DATE SIGNED May 28, 1968

230 BURIAL, CREMATION,
BREMOVAL (Specify)

22d. PHYSICIAN'S NAME (Type)

22b. SIGNATURE

23b. DATE 5/31./68

23c. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery 23d. LOCATION (City or Town) Balto.,

(County) (State)

jirectar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pag کاتمارا be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within

30M REVANIA

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely ^K director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban

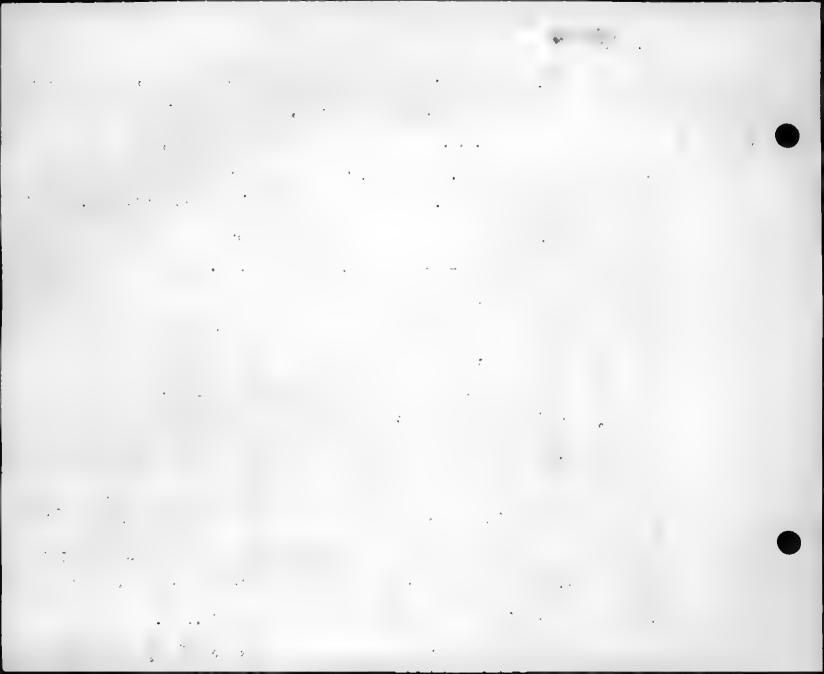
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital or attending physician.

TO HOSPITAL

24 FUNERAL DIRECTOR Schimunek Funeral Home 21213 3331 Brehms Lane

25a. REC'D BY REGISTRAR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06622 108629 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2n DATE OF DEATH 2b. HOUR (Type or print) Month Year CROSS Sr DR ERNEST SAMUET 1968 3. SEX 4 RACE 6. AGE (In years FILINDER 1 YEAR last birthoay) MONTHS HOURS Male White 89 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED ountry) New Hampshire U.S.A. WIDOWED DIVORCED [ВАТЛО. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired.) INDUSTRY Lutherville College Manor Inc. Physician Medicine 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 1/3c CITY OR TOWN E3d INSIDE CITY JIM TS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY Baltimore 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Last George Newton Cross Marv Sophia Sawver 16h. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) (If was give war or dates of service) Dr. Ernest Cross Jr. 828 Chestnut Ave. 04 23 3-03-95 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 МО 🔼 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceosed from June 1953, to May 2, 1965, that (1) (we) last saw the deceased alive on 1965, only that in (my) (our) opinion death accurred on the date and hour and from the couses stated abave, (1) (we) (aid) (dubbet) view the bady after death. 22b, SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING DEGREE PHYS. 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 23g BURIAL CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity or Town) (County)

New Hampshire

Randolph

requires that the death certificate be executed within 24 hours ofter death by the funeral Pages I and physicion and completely filled in corbon remove on I in ony please cremation, or removol, the attending phys signed by the priar to has been the SO Health p this certificate O FUNERAL DIRECTOR: After director, poge should be filed

VR A15 (4)

Rem. Burial

H.W.Jenkins

24. FUNERAL DIRECTOR

5/8/68

& Sons Co.

Randolph

4905

30M REV 1/68



		CERTIFICATE OF DEATH								2.70				
1		(EASED NAME ype or print)	First Marie		Middle M.		Crouse		20. 1	DATE OF DEATH May	12ºº	196 8	2b. HOUR am	
7	3. SE	x Female		4 RACE White			S. DATE OF BI 1/15/			6. AGE (In lost butte		JF UNGER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOLRS MIN.	
	Coun	arthplace (Stote o	le, P		d States	WIDOWE		KIED 🔀	В	nty of DEATH altimore,			Md.	
	Towson, Md. give street address) Dulaney-Towson Nursing during most of working life, even if refired.) Outside Company Compa											126 KIND OF B INDUSTRY Own H	ome	
	odmi	ssion) STATE Mar	yland_	Balto.	Co.	Lut	hervill	GES□ NO	XX	13e STREET AND NU 8413 Sau	nders	Rd.		
1	14. F	'ATHER'S NAME	First	Middle	lost		is. Mother's M/				Middle	V411	lost	
	160.	John L Kilkenny Mary o. Was deceased ever in u.s. armed forces? [16b. social security no. [17, informant]						Ann Address	NTTK	enny				
	Y	Yes, no, or unknown) (If yes give wer or dates of service) 215-32-9492 Mrs. William B. Phillips							ps	(Same)				
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		PAKI I. DIAII		E CAUSE (o)	teri	00	clar	مس	0			82 6	go.	
		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF												
		rise to immediate couse (a), (b) UE TO, OR AS A CONSEQUENCE OF												
		lost.	iying couse	(c)	CONDEGUENCE OF									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)												
	NO	IA BUT OF ADER	Tay o	The state of the s	DER LEIĞILINIĞ DER	ranura		DOM .		Land of the Gurne of	The Prince CO	WEIDEDED IN CO.	- VIEWNIA	
	CERTIFICATION	190. DATE OF OPERA	JNDITION FOR WHICH O	PERATION WAS PERFORMED		20o. AUTOPSY? YES NO 🛣			206. IF YES, WERE FINDINGS CONS CAUSES OF DEATH?		SIDERED IN CERTIFYING			
		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)												
j	MEDICAL											·		
	ME	21d INJURY OCCU While Not whi	RRED 21e. F	TACE OF INITIRY / AT HE	OME, FARM, STREET, FACT E BUILDING, ETC.		LOCATION Stree	t or R.F.D. No.		City or Town		County	Stote	
		of work — of wor	k —				TA Miller	19,		. 6/5 /	<i>(</i>)			
	220. I certify that (1) (this haspital) attended the deceased from JANUTHKY, 1966, to May 12, 1965, the sow the deceased alive on MAY 11, 1966, and that in (my) (and opinion death occurred on the date and hou												(I) (***) lost	
		couses st	s stoted obove, (1) (we) (did not) view the body ofter deoth.											
		22b SIGNATURE		DADK	C 44	7)	ATTENDIN	IG 🗶 M	ED	STAFF C	22c D	ATE SIGNED	1918	
		22d. PHYSICIAN'S DEGREE ATTENDING MED DIRECTOR PHYS. MED DIRECTOR PHYS. MAY 13 1968												
MAME (Type) Dr. Joseph D. B. King 222 W. Cold												Lane		
	230	BURIAL, CREMATION	N, 23b. D		23c. NAME OF C	EMETERY O	R CREMATORY		23d	LOCATION (City or To	wn)	(County)	(Stote)	
	Bu	ALCOHOL: NAME OF TAXABLE PARTY.	5/1	5/68	Holy	Sepu	lchre	or- preb p	V DEC 10	Philadel	phia Gistrar s	KMATHDE	Pa.	
		funeral director W.Jenki	lns &	Sons Co.	149053	ork	Rd.	250 PEC'D B	1 3	1968 28 1	MACHY	SIGNATURE	pr.	
					110.12	. PIO		DAIL	_					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Math certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificote has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages T one should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06625 CERTIFICATE OF DEATH 06631 DECEASED-NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR The law requires that the death certificate be executed within 24 haurs after death. death CHRISTIAN DAHLGREEN (Type or print) JOHN the funeral 5. DATE OF BIRTH 6/19/88 3. SEX 4 RACE 6. AGE (In years 7 gst birthdoy) WHITE MALE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [] BALTIMORE COUNTY. Silver Creek, New York U.S.A. WIDOWED A DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR ROREMAN signed by the attending physician and campletely fil burial-transit permit. Then please remove carban FORT HOWARD HOSPITAL 13c. CITY OR TOWN 13o USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b CARROLL 62 Bond St. YES Y NO 🗔 WESTMINSTER 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Ehrke William Dahlgreen Lena 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no er unknown) CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. 212 05 57 19 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH S CAUSED BY: ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIABETES MELLITUS. CYSTITIS CHRONIC O FUNERAL DIRECTOR: After this certificate has been d far use as the of Health priar ta CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. 1 certify that the (this haspital) attended the deceosed from 4/16/1966 saw the deceased alive on 5/23/66 19 ____, and that in (AA) and that in (1975) (aur) apinion deoth occurred an the date and have and from the causes stated above, (It (we) (did) (did South view the body after death. 22c. DATE SIGNED 5/23/68 22b. SIGNATURE MED DIRECTOR STAFF PHYS. DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MARYLAND JORGE A. FABARA, M. D. director, 23d LOCATION (City of Town) (County)

FINKSBURG, MARYLAND 23c NAME OF CEMETERY OR CREMATORY
SANDYMOUNT CHURCH CEMETERY 23a. BURIAL, CREMATION (Stote) 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV. TOSE DATEMAY



MARYLAND STATE DEPARTMENT OF HEALTH 06626 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 20 DATE OF DEATH DECEASED NAME First deoth. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within-24 haurs ofter death. P and (Type or print) DAILEY Month STELLA T. Mav S DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In veors last birthday) December 22, 1907 WHITE FEMALE. GO YRS 7a. BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED TI NEVER MARRIED country) filled in Maryland Baltimore U.S.A. WIDOWED DIVORCED [12a USUA: OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) during most of working ife, even if retired) please remove corban Towson St. Joseph Hospital physician and completely busewife. 13e STREET AND NUMBER ond in ony event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13b. COUNTY Baltimore admissian) STATE 205 Marion Ave., 21236 Md. 14. FATHER'S NAME First Middle Lost 5 MOTHER'S MAIDEN NAME First Franklin Catherine Macimillian 16h SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. ar unknawn) Brother Leo Dailey F.S.C.205 Marion Avenue 215-09-67/17 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY. Bilateral Renal necrotizing papillitis 5900 Conditions if any, which gave DUE TO, OR AS A CONSEQUENCE OF Uremic Shock signed by the burial-tronsit p nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (c) Chronic pyelonephritis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the hos been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES K ad for use of Health p NO [O FUNERAL DIRECTOR: After this certificate be retained by the hospital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn While Not while at work director, page 3 should should be filed with the 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Ines Cilliani. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE

30M REV, 1/68

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State 22a. I certify that (I) (this haspital) attended the deceosed fram April 22, 1968, to Nay 17, 1968, that (I) (we) last saw the deceased alive an May 17, 1968, and that in (my) (our) opinion death occurred an the date and haur and from the couses stated abave, (I) (we) (did) (did not) view the body after death. 22c DATE SIGNED 5-18-68 7620 York Road, Towson 4, Maryland 23a BURIAL, CREMATION (County) (State) REMOVAL (Specify) Ad. Gardens of Faith Cemetery Baltimore Co. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Lassahn Funeral Home 7101 Belair Road 21236

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12b KIND OF BUSINESS OR

1968

1F JINDER 1 YEAR

INDUSTRY

MONTHS

2b. HOUR

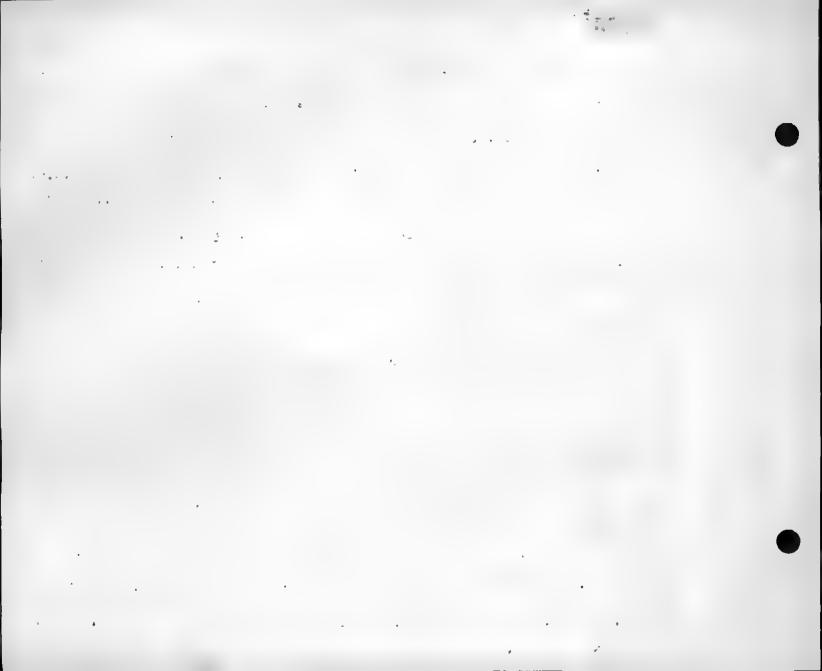
mer: c

IF LINDER 24 HRS

HOURS

Last Pozniniak

BETWEEN ONSET AND DEATH



IO HOSPITAL OR ATTENDING PHYSICIAN: The law majives that the death certificate be executed within 24 haurs after Leath

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	F								•			
	(Έ	R	T	IF	I	CA	TI	E ()F	DEA	TH

				CERTIFIC	AIL UF	DEATH				33	
	ECEASED-NAME Fi	st	Middle		Lost		20. DATE OF DEATH			2b. 1	HOUR
	(ype or print) Lero	by O. Daws	o n				May 15, 1968	Doγ	Yeor		M
3. SI	EX	4. RACE		"	S. DATE OF BI	RTH	6. AGE (In yeo	rs IFU	INDER 1 YEAR	IF UNDER	
	Male	W			June	6, 1914	lost birthdoy)	YRS. MON	THS DAYS	HOURS	MIN
	BIRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY?	B. MARRIED	NEVER MAR	RIED 9	COUNTY OF DEATH				
COU	Maryland	U.S.	1.	WIDOWED		CED 🗌	Balto.				Md.
10 (ITY OR TOWN OF DEATH	11 N	AME OF HOSPITAL OF IN	STITUTION (1f no	ot in hospitol		OCCUPATION (Kind of work		2b KIND OF	8US!NESS	OR
(Catonsville	give	street oddress) 2 Di	ıngarri	e Road	during mos	t of working life, even if ret Le Sman	red.)	NDUSTRY Dryas	z Co	
130	USUAL RESIDENCE (Where deci	osed lived, if institu				136 INSIDE CITY LIMI		ER			•
odm	ission) STATE Marylan	ad 136. COUNTY	Balto.	Catons	ville	YES NO	🛚 2 Dungarri	e Ros	ad		
14.	FATHER'S NAME First	Middle	Lost	15.	MOTHER'S MA	IDEN NAME Fire	t Mid	dle		Lost	
	Luther	C. Dawson			Carol	yn Davi	s				
160.	WAS DECEASED EVER IN ILS A		16b. SOCIAL SECURITY	NO. 37 II				රිසිය			
	es, no or unknown) (If yes go	A well de Britis de santice)	219-07-49	37 Mr	s. Ele	anor Da	2 Dungarrie Add wson Balto.	Md.			
	18. CAUSE OF DEATH (Enter									mate interv Inset and D	
	PART 1 DEATH WAS CAU	SED BY: DIATE CAUSE (0)	CORDNE	RY	00	c/05,	10 N				
	3,5,0,3	• • • • • • • • • • • • • • • • • • • •	AS_A CONSEQUENCE OF	/		_				20	
	Conditions, if ony, which gov		ORONA	Ry 4	RTER	14 D	Septe		41	es,	b
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF									1/200	
	lost. (1) DIABLIES MOLLIUS									0	,
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
3	10 X								<i>V</i>		
CERTIFICATION	190 DATE OF OPERATION 19	ъ. condition for wi	HICH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?	20b. 1F YES, WERE FIND	INGS CONST	DERED IN C	ERTIFYING	3
Ĭ					YES _	NO 🔲	CAUSES OF DEATH?				
I CE	21o. ACCIDENT WAS UNDERL'	ETO TOTAL			W INJURY OCC	URRED (Enter	noture of injury in Port 1 or F	ort 2, Item	1B.)		
MEDICAL	III either, notify medical exa	miner) P.M.	ין 'ין	9							
×	21d. INJURY OCCURRED 2 While Not while	e. PLACE OF INJURY	(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC	(TÖRY.) 21f. 10	CATION Stree	t or R.F.D. No.	City or Town	C	ounty	2	Stote
	of work of work						1		d		
	22a. I certify that (I) (sgw, the deceased	this haspital) att	ended the decease	ed from	laboration / man	, 19 <u>.6</u> 2		, 1966	, that	(I) (w	re) last
	causes stated abo	alive onno evilo	(did nat) view the	body after d	i that in (m) leath.	y) (our) opin	ion death occurred an t	ne date d	ana naur	ana tro	m rne
	22b. SIGNATURE	107(1) (110) (414)	- Contract of the contract of	200, 0		77 T) T	7/7/ / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 /	22c. DATE	SIGNED	, 7	
	27 Mail	MAN	will.	DEGRI	EE PHYS TO	IG - ME	ECTOR PHYS.	II My	A 6/	68	
	22d. RHYSICIAN S				22e. ADD	RESS * COLOTO	WMAL AKIS I	sutt.	IVI		
	NAME (Type) Dr.	Edgar Wil	liamson 1	_	555	O BALT.	IMORE NATTE	NAI	1.11 1		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. shauld be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 hai VR A15 (4) 30M REV 1/68

230. BURIAL CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR

23b. DATE 5-18-68 23c. NAME OF CEMETERY OR CREMATORY Loudon Perk Cemetery Bal to., I So REC'D BY REGISTRAP 968 25b.

LEAD ESCATION BOTTLE INVITED Y LA KOUDY

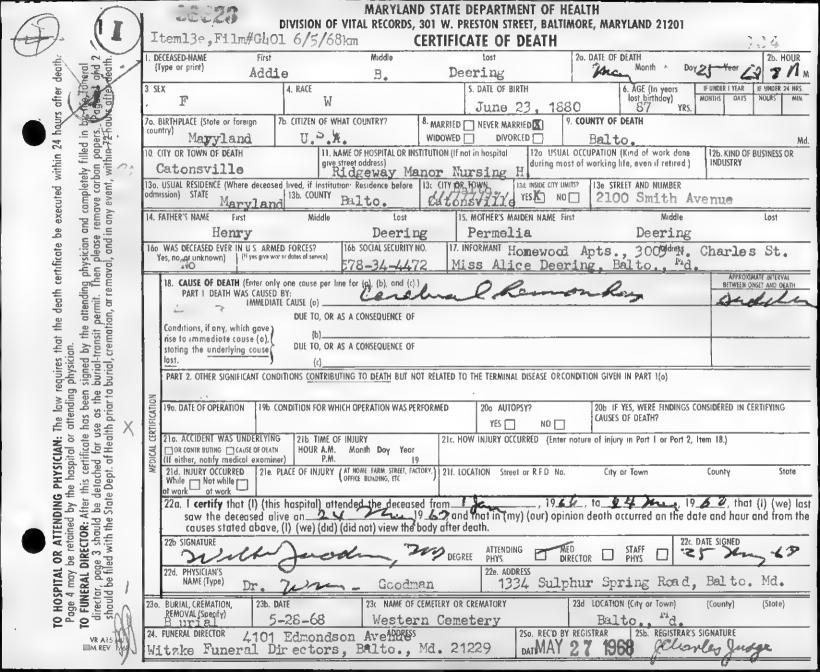
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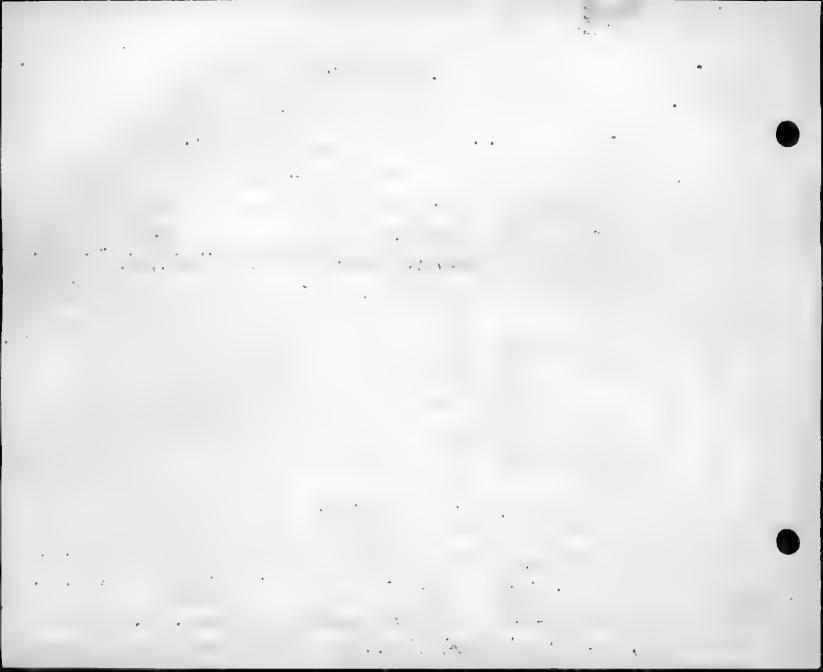
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4101 Edmondson APENue Directors, Balto., Md. 21229

Witzke Funeral







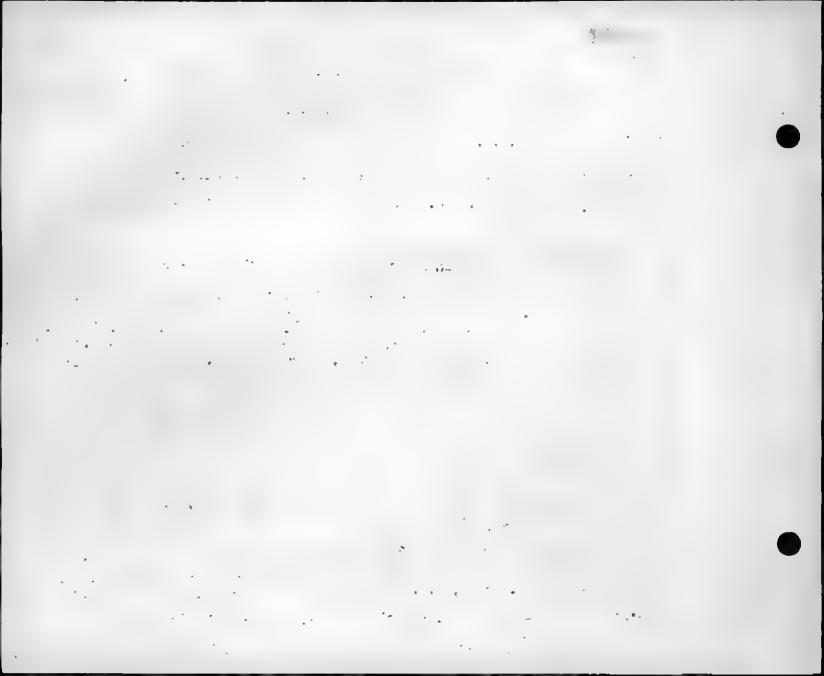
MARYLAND 21201

	DIVISION OF	VITAL	RECORDS,	301 W	. PREST	ON ST	REET, BA	LTIMO	RE
				ERTI	FICATE	OF	DEATH	1	
st			Middle		l	ast		20	D

	121 WILLIAM	LUSI	20 DATE OF DEATH								
(Type ar print)	ohn	Deitch	Mar I	1968 4:50 M							
3. SEX	4. RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.							
Male	white	May 2, 1890	last birthday)	MONTHS DAYS HOURS MIN.							
7a BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B MARRIED X NEVER MARRIED	9. COUNTY OF DEATH								
(country) Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore	Md							
10. CITY OR TOWN OF DEATH			AL OCCUPAT ON (Kind of work done	32b. KIND OF BUSINESS OR							
	give street address)	during m	ost af working life, even if retired.)	INDUSTRY							
Catonsville			ectroplater 194157 130 STREET AND NUMBER								
admission) STATE	13b COUNTY 82	NEC TO A		1							
Md.		bradeuandir -	<u> </u>	lvenue							
14. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME	First Middle	Lost							
16a. WAS DECEASED EVER IN U.S.		TY NO. 17. INFORMANT	Address								
Yes, no, ar unknown) (If yes g	ve war or dates of service) 517-09-8	ROTA Records: Sp	ring Grove State I	Hospital							
18. CAUSE OF DEATH (Enter	only one cause per line for (a), (b), and			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH							
PART 1. DEATH WAS CAU	ISED BY. Myocardia	al Infarction. ac	cute, death	day							
it:) IMMI	DIATE CAUSE (a)	of with Left Bund	le Branch Block	86							
Conditions, if any, which gas	Arterios	clerotic Cardiova	s cular Ht. Dis	2 vears							
rise ta immediate cause (a), ((D)										
	stating the Underlying cause (c). Arteriosclerosis, Generalized, Senile 2 years										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
	none										
S 100 DATE OF ODERATION I	19a, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? / 20b, IF YES, WERE FINDIN										
S TAC DATE OF OFERSHOR	TE CONDITION FOR WITHEI GLERATION WAS	YES NO IV	CALICEC OF DEATUR	MSIDERED IN CERTIFICIA							
19a. DATE OF OPERATION I	VING THE OF MILIDY	hard hard	,	101							
	DEATH HOUR A.M. Month Day Ye		er nature of injury in Part 1 or Part 2, It	em 18.)							
OR CONTRIBUTING CAUSE OF I		19									
2 21d INJURY OCCURRED 2 While Not while of work	Te. PLACE OF INJURY (AF HOME, FARM, SIREET, OFFICE BUILDING, ETC.	FACTORY,) 21f. LOCATION Street or R.F.D. No	i. City or Town	County State							
22o. I certify that (X)	(this hospital) attended the dece-	osed from June 29 , 19	67 to May 1 , 19 (58_, that (we) lost							
sow the deceased	olive on May 1.	_19.66_, and that in (my) (our) ap	inion deoth occurred on the dot	e ond hour and from the							
	ove, (I) (IXXX(XXX) (did not) view th	ne body offer deofh.									
225 SIGNATURE	tong Many			ay 2, 1968							
22d. PHYSICIAN'S NAME (Type) Anti-	iony J. Young, M.D.		ring Grove State I	Hospital							
		OF CEMETERY OR CREMATORY	23d OCATION (City or Tawn)	(Caunty) (State)							
BEND AN (Specify)		incoln Cemetery	PG County, Maryla								
24. FUNERAL DIRECTORY 1 150	Im Funeral Home ADDR	ESS 2Sa. REC'D E	BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE							
4308 Suitland	Im Funeral Home ADDRI	Maryland DATE	MAY 6 1968 fcc	corles Judge							

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the full director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages shauld be filed with the State Dept. of Health prior ta burial, cremation, or removal, and in any event, within 72 hours after 10 HOSPITAL OR ATTENBING FINYSICIAN! The law requires that the death certificate be executed within 24 hours after Page 4 mmy be retained by the huspital or ottending physician

OM REV TAS



VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16637 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle 20. DATE OF DEATH ond 2 death. requires that the death certificate be executed within 24 hours after death. (Type or print) Mary Jane Deters 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) Nov. 16, 1888 Female Cau. 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [_ NEVER MARRIED [_] Maryland U.S.A. Baltimore WIDOWED -DIVORCED [7] 120. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) LI6 Sacred Heart Lane during most of working life even if retired.) Housewife the attending physician and completely f isit permit. Then please remove carbory Reisterstown burial, cremotion, or removal, and in any event, wit 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LUMITS? 13e. STREET AND NUMBER 13b. COUNTY Balto. odmission) STATE 116 Sacred Heart Lane Reisterstown YES NO Md. 14. FATHER'S NAME Middle First Middle Lost IS. MOTHER'S MAIDEN NAME First Titerington John Nowell Mary Ann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no or unknown) [If yes give war or dates of service] Mrs. Margaret Czyzewski, 116 Sacred Heart Lane None 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if only, which gave) burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A-CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been use as the lath prior to be 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES [] NO [director, page 3 should be detached for use should be filed with the State Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Menth Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town While Not while at work ATTENDING 22a. I certify that (1) (this hospital) attended the deceased from 2, 19 27, 19 37, 19 37, that (1) (we) last saw the deceased alive an 2/1 19 47, and that in (my) (vor) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 22d PHYSICIAN'S Philip Bernstein NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMAT ON, 23h DATE

REMOVAL (Specify)

24 FUNERAL DIRECTOR

May 21, 1968

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING County Stote 22c. DATE SIGNED 22. ADDRESS 112 Chartley Drive, Reisterstown, Md. 23d. LOCATION (City or Town)
Baltimore, Md. (County) (State) Cathedral Cemetery Webal Director 4611 Park Beights Ave. Balto. Mg. RECTO BY REGISTRAR

2b. HOUR

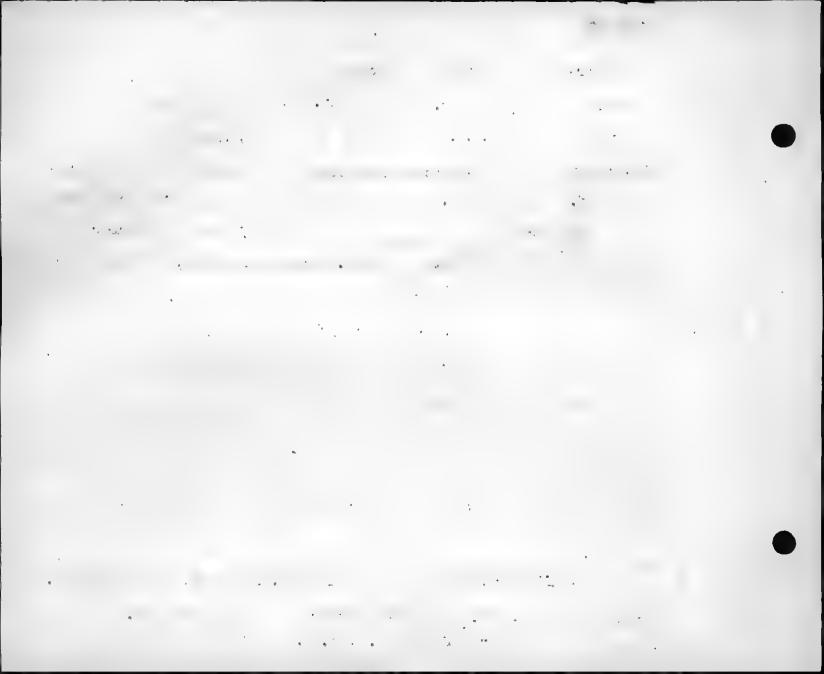
IF UNDER 24 HRS.

HOURS

Lost

12b KIND OF BUSINESS OR

IF LINDER 3 YEAR



1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 AGG 32 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	138
HEALTH DEPT.	1. DECEASED NAME First Middle Last 2a DATE KNOWN Manth Day	Yeor 2b HOUR
S B B X	(Type or Print) Emory Edward Devers OF ESTI- DEATH MAYED X May 25	
I men		Year 19 68 10 30
form form for Depo	70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH GOUNTRY) Garrett Co. Md. U.S.A. W.DOWED D.YORCED Baltimore	Md
hours after death them 18. Give Pages Office along with for 1 and 2 with the State after death.	Owings Mills give street address) Academy Ave. duning most of working life, even if retired) INDU Retire- Martins	KIND OF BUSINESS OR USTRY CENTO MARTINS
rs after de 18. Give P ie alang with the death.	13a USUAL RESIDENCE (Where deceosed ived, if institution Residence before 13c (ITY OR TOWN admission) STATE Md. 13b. COUNTY Balto. Owings Mills YES NO & Academy Ave.	
	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle William Henry Devers Sarah Rhuhama Han	'lin
within 24 pencl in Examiner's File pages 72 hours	16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 17. INFORMANT ADDRESS 18. INFORMANT	inos Mille
d be executed within 24 d "pending" in pencl in Chief Med.cal Examiner's transit permit. File pages y event within 72 hours	18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 2-18 mos.
should be executed e word "pending" in a the Chief Med.ca! E ourial-transit permit. F in any event within	Canditions, if any which gave (b) Carcinoma of colon	l½ yrs.
should e war the the vurial-	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
s certificate sh s, writing the forwarded ta to used as a bui	PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	Dec. 1966 196. COND TION FOR WHICH OPERATION WAS PERFORMED? Carcinoma of colon	20 AJTOPSY? YES NO X
握工 平 0	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Doy, Year PRIMARY OF COURRED (Enter nature of injury in Part 1 or Part 2, Item 15 AUSE OF DEATH PM NONE 19 21d NURY OCCURRED 21e P. ACF OF INJURY (At home form street) 21d NURY OCCURRED 21e P. ACF OF INJURY (At home form street) 21d NURY OCCURRED 21e P. ACF OF INJURY (At home form street) 21d NURY OCCURRED 21e P. ACF OF INJURY (At home form street) 21d NURY OCCURRED 21e P. ACF OF INJURY (At home form street) 21d NURY OCCURRED 21e P. ACF OF INJURY (At home form street) 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED 21e P. ACF OF INJURY Manth, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 2, Item 15 21d NURY OCCURRED (Enter nature of injury in Part 1	8)
EXAMINER: cute the certifage 4 should by your files. Page 3 should tremotion, tremotion, tremotion,	21d N.JRY OCCURRED WHILE TO REWHILE AT WORK AT WORK 21e P.ACE OF INJURY (At harne, farm, street, foctory of the building, etc.) 22f LOCATION Street or R.F.D. No. City or Town Co	aunty State
	22a certify that toak charge of the remains described above, held on Autapsy, Inspection 🗷 , Inquiry 🗷 ,	and in my opinian
please executed director. Paretoined for DIRECTOR:	death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	,
AL AL	ACTUAL SIGNATURE 22b. DATE SIGNI MEDICAL EXAMINER 22b. DATE SIGNI DEPUTY MEDICAL EXAMINER \$\infty\$ 5-27-68	
ro DEPUTY necessary, the funera 5 may be 70 FUNERA	NAME (Type) D. D. Caples, M. D. 6 Hanover And Signe Red Sterstey, Md.	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230 BLRIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity or Town) (Countries of Countries of C	Md.
VR A15ME [5] 10M REV 1/68	FUNERAL DIRECTOR ADDRESS DATEMAY 3 1 1968 FUNERAL DIRECTOR ADDRESS DATEMAY 3 1 1968	Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR First (Type or print) Manth ic Kens DATE OF BIRTH IF UNDER 24 HRS 3. SEX 6 AGE (In years IF UNDER 1 YEAR low requires that the death certificate be executed within 24 hours after last birthday) HOURS MONTHS within 72 hours signed by the ottending physician and completely filled in by burial-transit permit. Then please remove corbon papers. Po 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH NEVER MARRIED country) Baltimore West DIVORCED WIDOWED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)

Preater Balt. Med Ce 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during-most af working life, even if retired.) OWSON Med Certai 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. HISIOE CITY LUMITS? 13e STREET AND NUMBER 13b. COUNTY FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last ckens ond 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknawn) burial, cremotion, or removal, char APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if ony, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse DISCHE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO os the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES X NO [far use 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M. should be detached (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 2)e. PLACE OF INJURY 21d. INJURY OCCURRED County State City or Town While Nat while at wark 22a. I certify that (1) (this haspital) ottended the deceased from 5 - saw the deceased alive on 5 - 19 60, and that _19 & and that in (my) (aur) apinion death occurred on the date and havr and fram the saw the deceased alive on... , page 3 should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE **ATTENDING** STAFF PHYS. DEGREE PHYS DIRECTOR 22e. AOORESS 22d. PHYSICIAN'S NAME (Type) REATER BALTIMOVE MED CENTER director, Pln outs 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, REMOVAL (Specify) Baltimore National emeteru FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 Klievelas DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36634 1/() CERTIFICATE OF DEATH Lost DECEASED-NAME First Middle 20 DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death and (Type or print) Month May 968 Baby Boy Diehl 4 RACE S. DATE OF BIRTH SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) HQURS May 26. 1968 Male Caucasian 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED | NEVER MARRIED | Maryland USA WIDOWED [DIVORCED [Baltimore signed by the attending physician and campletely filled burial-transit permit. Then please remove carban (ap 120 USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 1D. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR with give street oddress) during most of working life, even if retired) Greater Balto. Med. Center Towson in, ar remayal, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY (IMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY NO YES 🗔 14 FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Middle Last John William Diehl Patricia Collison Ann 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT I (If yes give war or dates of service) Yes, no, or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c), PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (o) Anoxia BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit Atelectasis burial, cremat rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stoting the underlying couse Congenital Diaphragmatic Hernia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been d far use as the of Health priar ta CERTIFICATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X 5/26/68 Diaphragmatic hernia NO | 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) should be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 5/26, 19.68, ta. 5/26, 19.68, that (I) (we) last saw the deceased alive an 5/26, 19.68, and that in (my) (aur) apinian death accurred an the date and haur and fram the director, page 3 should should be filed with the causes-stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE. 22c. DATE SIGNED ATTENDING STAFF 5/28/68 DEGREE DIRECTOR PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) John E. Adams. M.D. 6701 N. Charles Street 23o. BURIAL, CREMATION 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Towson, Maryland 5/28/68 G.B.M.C. Cremating 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 25n. REC'D BY REGISTRAR VR AT5 (4) 30M REV 1/68 Milwelly Judge DATE MAY John E. Adams, M.D. G.B.M.C.

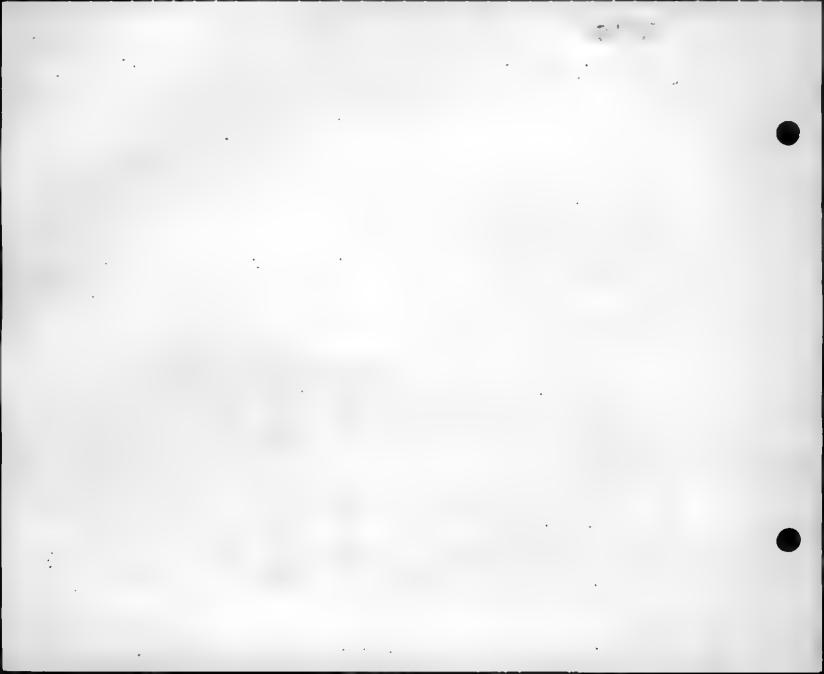
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06635 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle lost 2a DATE OF DEATH after death. Month 6:10 M (Type or print) Dietz Mary 6. AGE (In years IF UNDER 24 HRS. S. DATE OF BIRTH IF UNDER I YEAR 3. SEX A RACE lost birthdoy) MONTHS HOURS 7eb. Female 7a, BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? Baltimore WIDOWEDSTA DIVORCED [TT NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, eyen if retired.) **INDUSTRY** give street oddress) The law reauires that the death certificate be executed withi ± Towson remave carban 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY Balto. 4100 Granite Avenue YES 🔽 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Lost Ritter Augusta 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, po or unknown) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove) signed by the Lurial-transit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE O stating the underlying cause (PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has beem 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 O FUNERAL DIRECTOR: After this certificate 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY ģ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor detached for te Dept. af F P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County White Not white at work 22a | certify that (I) (this hospital) attended the deceased from 19 , 19 , to 70 , 19 , that (I) (we) last saw the deceased alive an 5-15 , 19 , and that in (my) (aur) apinian death accurred an the date and haur and from the directar, page 3 should shauld be filed with the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED MED. DIRECTOR 22d PHYSIC AN' 22e. ADDRESS NAME (Type) 23b. DATE 23d LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION, Baltimore, Parkwood emetery REGISTRAR'S SIGNATUR 30M REV. NESS

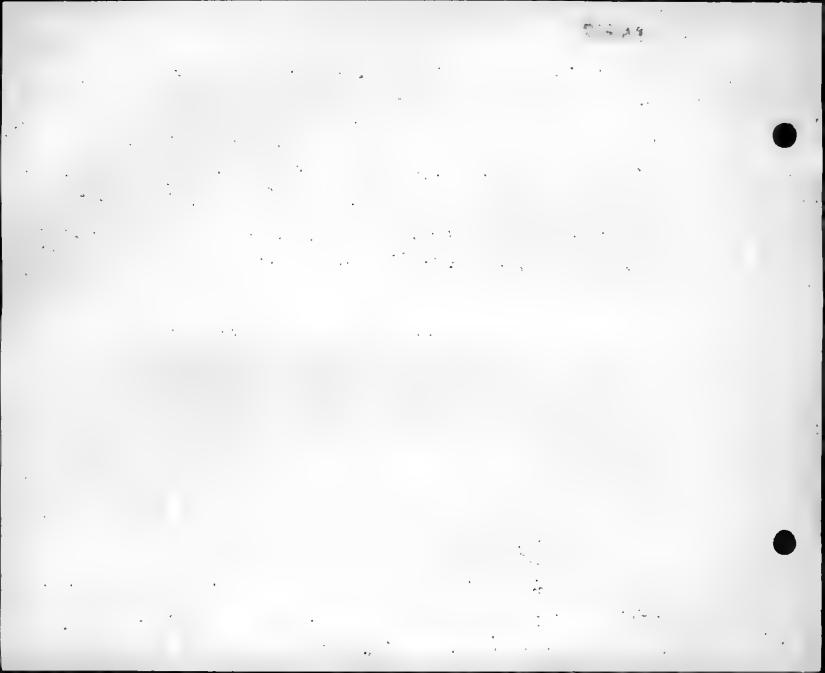


1	MARYLAND STATE DEPARTMENT OF HEALTH	•
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	· · · · ·
FOR STATE	MEDICAL LANGUIST S CENTRICATE OF SEATH	~
HEALTH DEPT	1. DECEASED-NAME First Middle ost 20 DATE KNOWN Month Do (Type or Print) Office of Pist	Yeor 25. HOUR
lay s Poge ent of	PAIL O DIE 12 SK DEATH MATED 2 10-10	16.8 / G. M
delay and 3 M3. Pog tment	THE STATE OF BIRTH	Yeor / C/ // HOUR
y deli	M W (AUG. 76, 172) 44 YRS (2) 73	1968 11 a M
-/E - 2	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	·
Or Tolling	WIDOWED BALTO,	Md
Sive Pages ng with form to the sate h. h. the sate h.	during most of working life even if retired.) (IND	KIND OF BUSINESS OR
after de 8. Give 1 along w with the leath.	ISO JSUAL RESIDENCE (Where deceosed lived, if institution Res dence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	SLIDOGN
aft alo alo wit	odm ssion) STATE MD 136 COUNTY BALTO ESSEX YES NO F 1411 HOPEWELL	AVE
hours after death them 18. Give Page Office along with 10 lond 2 with the State ofter death.	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
	ANTHONY J. DIETZ PALM	TER
hin 24 ncil in niner's pages homrs	166. WAS DECEASED EYER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
i within n pencil Examine: File pagu	(Yes no, or unknown) (If yes give war or dothes of service) 215-18-3384 EVELYN DIETZ ABO	
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5 5 5 5	230 BUR.AL, CREMATION 230 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Co. REMOVAL (Specify) -5/7/68 WEISBERG PARKTON	unty) (State) MD
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OH SET TO		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96637 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH in byzaczynyral rs Pages A and 2 hours after death. DECEASED-NAME Last 26 HOUR (Type or print) 4. RACE 6 AGE fin years lost birthday) MONTHS T DAYS HOURS Paccasian 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED SA papers WIDOWED [DIVORCED (cremation, or removol, and in any event, within 72 DRUM DOINT MD the ottending physician and completely filled sit permit. Then pleose remove corbon-pape 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working ife, even if retired.) INDU BALto GREATER BAL 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY-LIMITS? **PHYSICIAN:** The law requires that the death certificate be executed 13b. COUNTY YES 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First First Lost illiam herine ON 16b. SOCIAL SECURITY NO. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) APPROXIMATE INTERVA. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY buriol-tronsit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to t O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending O. FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 😿 of Health 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) be detached 21d. INJURY OCCURRED AT HOME, FARM, STREET FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work 220. I certify that (1) (this haspital) attended the deceased from 4 - 16 saw the deceased alive on 5 - 19 - 68 19 , and that in (my) causes stated above, (1) (we) (did) (44-45) view the body after death. , 19.68 , to and that in (my) (our) opinion death occurred an the date and hour and from the be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS 22d PHYSICIAN'S 22e ADDRESS NAME (Type) director, should b 23d LOCATION (City or Jown) (Stote) 230. BURFAL, EREMATION 93b DATE -REMOVER (Specify) 250 REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

26644

		CERTIT	CALL OF PEATIF			67.17	0.7.2
		DECEASED-NAME First Middle (Type or print) F//F 1) / / / / A /	DIZE	20 DATE OF	DEATH Month 5 Doy	30 Yeor 63	2b. Hour
	3 SE	SEX 4 RACE	S. DATE OF BIRTH		6. AGE (in years lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
		O. BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED	S-/3- C NEVER MARRIED	9. COUNTY OF	G Ø YRS.		
		MISSOURI USA WIDOWED	DIVORCED	B	alluma		Md
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19		30. CSJAL RESIDENCE (Where deceosed lived, if institution: Residence before 13, CITY O dmission) STATE Md 13b. COUNTY SOMERSET Cus	4 4		EET AND NUMBER	merst.	Street
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		Yes, no. ar unknawn) (If yes give war or dates of service) 16b SOCIAL SECURITY NO. 17	INFORMANT Paties	I CH	Part		0
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (ch) PART 1 DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Insert o immediate cause (a), (b)	D CK	THE	Luug		MAYE INTERVAL NSET AND DEATH
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	MEDICAL CER	The state of the s	HOW INJURY OCCURRED (Ent	ter noture af injur	y in Port 1 or Port 2,	Item 18.)	
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	ت	30. BURIAL (REMATION, PREMOVAL (Specify) JUNE 2, 1968 MARINERS	CEMETERY	CRIS	N (City or Town) FIELD - Sc		(State)
M	24.	PARADSHAW + Sons - CRISTIELD, MAR		SUN 3	1968 REGISTRAR	SIGNATURE	udge

hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the farean director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Poyes, and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer deat TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within, Page 4 may be retained by the hospital or attending physician.

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No. of the last of		26633	DIVISION OF VITAL RECORDS	, 301 W. PRESTO	ON STREET, BALTIM	IORE, MARYLAND 21201	
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O HOSPITAL OR ATTENDING-PH Page 4 may be retained by the h O FUNERAL DIRECTOR: After this director, page 3 shauld be detac shauld be filed with the State Dep	_		iam Newcomer,	M.D.	Mount Wi		nd
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MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
		CERTIFICATE OF DEATH	,	± 7
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	3. SE	SEX 4 RACE 4 RACE 5. DATE OF BIRTH COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH SEX 9. COUNTY OF DEATH 10 AGE (In years lost birthday) 9. COUNTY OF DEATH 10 AGE (In years lost birthday) 9. COUNTY OF DEATH 10 AGE (In years lost birthday) 10 AGE (In years lost birthday) 11 AGE (In years lost birthday) 12 AGE (In years lost birthday) 13 AGE (In years lost birthday) 14 AGE (In years lost birthday) 15 AGE (In years lost birthday) 16 AGE (In years lost birthday) 17 AGE (In years lost birthday) 18 AGE (In years lost birthday) 18 AGE (In years lost birthday) 19 AGE (In years lost birthday) 19 AGE (In years lost birthday) 19 AGE (In years lost birthday) 10 AGE (In years lost birthday) 11 AGE (In years lost birthday) 12 AGE (In years lost birthday) 13 AGE (In years lost birthday) 14 AGE (In years lost birthday) 15 AGE (In years lost birthday) 16 AGE (In years lost birthday) 17 AGE (In years lost birthday) 18 AGE (In years lost birthday) 19 AGE (In years lost birthday) 10 AGE (In years lost birthday) 10 AGE (In years lost birthday) 10 AGE (In years lost birthday) 11 AGE (In years lost birthday) 12 AGE (In years lost birthday) 13 AGE (In years lost birthday) 14 AGE (In years lost birthday) 15 AGE (In years lost birthday) 16 AGE (In years lost birthday) 17 AGE (In years lost birthday) 18 AGE (In years lost birthday)		HOURS MIN.
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		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PROUNKO WAS	APPROXIMA BETWEEN ONS	HTAND DEATH
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	MEDICAL CEI	G CAUSTRIBUT NG CAUSE OF DEATH HOUR A.M. Month Day Yeor P.M 19	8.)	
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		saw the deceased alive an 1965, and that in (my) (aur) apinion death occurred an the date an couses stated above, (I) (we) (did) (did not) view the body after death.	nd hour ai	l) (we) last nd fram the
		226. SIGNATURE HO ATTENDING MED. STAFF 226. DATE S DEGREE PHYS. DIRECTOR PHYS. 5-23		
ı		22d. PHYSICIAN'S NAME (Type) Henry L. Mc COKKLE MO 22e. ADDRESS Phoenix. Marylaga	1.21	131
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera director, page 3 should be detached for use os the burial-transit permit. Then please remove corbon popers against 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal to the state Dept. Page 4 may be retained by the hospitol or attending physician.

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FUNERAL DIRECTOR CURRAW

SIT SCAPLET OR TOWSON, MD 2120

250 REC'D BY REGISTRAR MAY 2 7 196 1968

(State) (County) REGISTRAR'S SIGNATURE 2Sb



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HEALTH DEPT.	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First M.oddie Los1 2g DATE KNOWN Manth Day Manth Day	. Year Inh HOUR
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. & 4 . 6		220. I certify that I toak charge of the remoins described above, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔀,	and in my opiniar
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ny, ple erol dii be retc RAL DI prior		SIGNATURE AND ASSIANT MEDICAL EXAMINER 220. DATE STORY	41168
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VR ALSME (5)		FUNERAL DIRECTOR Sylvis. 8728 Attorty Rd. Randuktation Date MAY 22 1968 Helistrans-sign	ATJRE Cooker
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36642 06643 CERTIFICATE OF DEATH 2b. HOUR 4:05 F 1. DECEASED-NAME Middle inst 20 DATE OF DEATH deoth. deoth. Month 30 Day 68 Year and Dyson (Type or print) John Samuel 4. RACE S DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR AE LINDER 24 HRS 3. SEX lost butheav) 1888 October 21. DAYS HOURS Male Negro requires that the death certificate be executed within 24 house-7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Bal imore and completely filled in U.S.A. MD. DIVORCED [7] WIDOWED [II NAME OF HOSPITAL OF INSTITUTION (If not in hospital of Pisters of the The 12a USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR during most of working life, even if retired.)
Engineer INDUSTRY torbon Catonsville 13d, NSIDE (ITY LIMITS? 13e STREET AND NUMBER
VES 1 NO 1 408 Winter's Lane 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN odmission) STATE MD 13b COUNTY Cations vi Catonsville remete 14 FATHER'S NAME 15. MOTHER S MAIDEN NAME First Middle Middle Last Dyson Catherine Unknown pleose physicion L60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address 408 Winter's Lane Yes, no. or unknown) (If yes give war or dates of service) Ethel Dyson APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Conditions, if ony, which gove) signed by the burial-transit p Erone my rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse by the haspital or attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the 190, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o AUTOPSY? CAUSES OF DEATH? YES | 216. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work at work 22a. I certify that (I) (this trospital) attended the deceased fram 4-7-, 1945, ta 5-30, 1945, that (I) (two) last saw the deceased alive an 5-27-1966, and that in (my) (took) apinian death occurred on the date and hour and from the causes stated above, (1) (we) told) (did nat) view the body after death. 22b. SIGNATURE 22c DATE S/GNED ATTENDING director, poge 3 DEGREE DIRECTOR 22e. ADDRESS 6209 22d. PHYSICIAN'S NAME (Type) Dr. Wilmer K. Gallager Frederick Avenue. Catonsville. MD. ^{23b. DAJE}/3/68 230 BURIAL CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) (County) Arbutus Cemetery Baltimore. Artington S. Phillips 1727 N. Monroe Street 30M REV

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20 DATE KNOWN (Type or Print) OF ESTI-DEATH MATED Page 0 of o Annie Margaret Earp ond 3 4 RACE IF UNDER YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH 6 AGE (in years PM3. last birthday) 8/1/18 <u> 1</u>9 White YRS e par 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Balto. WIDOWED DIVORCED [pencil in Item 18 Give Poges Lakeland, Fla. USA Stat after death 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Office olong with give street oddress) St. Joseph Hospitalhousewife even if refired) INDUSTRY deoth. with the Balto. 130 USUAL RESIDENCE (Where deceased ved, funstitution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER Maryland 3b COUNTY odmission) STATE Montrose Ave. #12 Ralto. Balto. YES 🔲 NO. hours l and 2 after IS MOTHER'S MAIDEN NAME 4. FATHER S NAME First Middle Lost 24 Thomas Exominer's pages hours Moore Wood 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** This certificate should be executed within (Yes, no. or unknown) (If yes give war or dates of service) <u>=</u> 159-18-1667 .⊆ APPROXIMATE INTERVA within CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) permit. CTREEN ONSET AND DEATH forwarded to the Chief Medical pending" PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) event DUE TO, OR AS A CONSEQUENCE OF **buriol-transit** Conditions, if ony, which gove rise to immediate couse (a), writing the word any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ oug PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 90 removal, nseq .90, DATE OF OPERATION 19b. COND.T.ON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, NO P YES [pe should be 5 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL DICAL EXAMINER: cremation, CAUSE OF DEATH 21d. N.JRY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F D. No. City or Town County Stote factory, office building, etc.) Page NOT WHILE I AT WORK AT WORK buriol. FUNERAL DIRECTOR: 22a | certify that I taak charge of the remains described above, held an Autopsy Inspection -Inquiry and in my apinian the funerol director. death resulted fram: // Natural causes Acadent Suicide 47 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPLTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Charles F. O'Domicll, ADDRESS(Street, city, town, or county) 50 23a BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Buria1 5-16-1968 Druid Ridge Cem. Balto. County Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sh. REGISTRAR'S SIGNATURE VR A 15ME Milweller Wm. Cook-Brooks Towson, Inc. Towson, Md. 10M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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by the funerol

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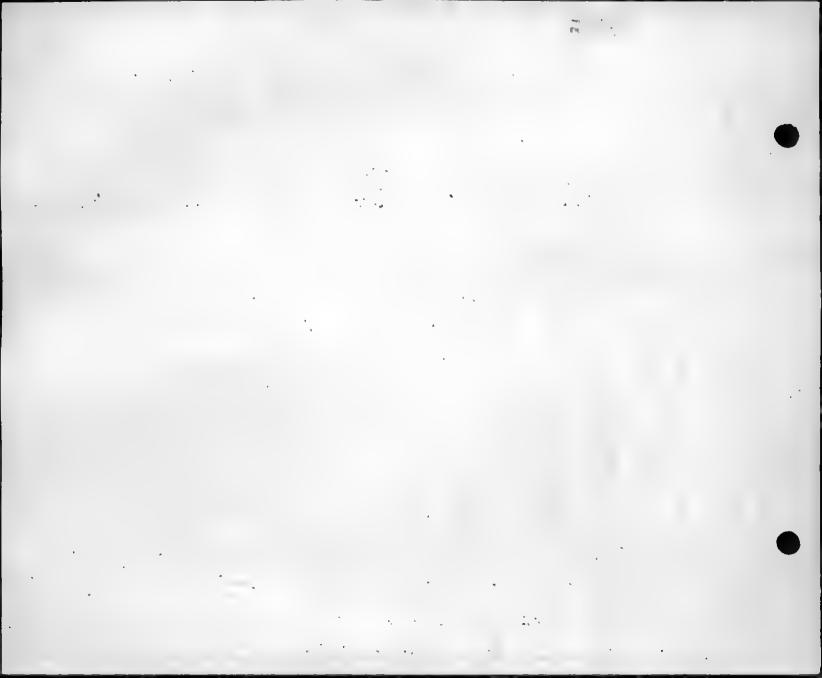
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fitted in the timerolative of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Feeles 4-and 2 and 12 hours after death.

TO HOSPITAL OR ATTENDING FINYSICIAN: The law requires that the Jeath certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

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	CEASED-NAME	First		Middle	,	Lost		20. DATE OF DE		V	2b HOUR
L'	ype or print)	CLAR	2A	m.		170	N	\$	-Month D	lgy Year	MAM
3. SE	Jemac	e	4 RACE	wite-		S. DATE OF BII	12 -		AGE (In years)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	BIRTHPLACE (Stote or	foreign 7	b. CITIZEN OF WI	HAT COUNTRY?	8 MARRIED [NEVER MARI	RIFD 9	COUNTY OF DE	ATH	/	
cont	ma		U.S.	A	WIDOWED (DIVOR	CED 🔲		ヒロムキ	0.	Md.
1D. C	RANCIA	11540	give	AME OF HOSPITAL OR INS street address)	ITUTION (IF no	of in hospital		OCCUPATION (Ki			BUSINESS OR
	USUAL RESIDENCE (Wission) STATE	here deceosed	lived, if institut	Residence before	13c CHY OR Beeft	TOWN	YES NO		LAND NUMBER	erfold	Rd
14	ATHER'S NAME	First	Middle	Lost	15	. MOTHER'S MA	IDEN NAME Firs	st	Middle		Lost
	WAS DECEASED EVER es, no, or unknown)	IN U.S. ARMEI (If yes give war		16b. SOCIAL SECURITY N	0. 17 1	NFORMANT C NO1	4		Address		
	18. CAUSE OF DEAT PART I. DEATH	WAS CAUSED	DM	ne for (o), (b), and (c).)	wac	andra	1 inf	artes		APPROXIN BETWEEN OF	MATE INTERVAL NSET AND DEATH
	, , , , , , ,			AS A CONSEQUENCE OF		~· /	/	0 -			
	Conditions, if ony, v	couse (o),	(b)	a constanting of	- Clerc	she 12	ran	de ra	lack		
	stating the underly lost.)	(c)	AS A CONSEQUENCE OF	Liter	roul	liter				
N.	PART 2 OTHER SIGN	NIFICANT COND	ITIONS CONTRIBU	ITING TO DEATH BUT NO	T RELATED TO) THE TERMINAL	DISEASE ORCO	NDITION GIVEN IN	I PART I(o)		
TFICATION	190. DATE OF OPERAT	ION 19b. CC	ONDITION FOR WH	IICH OPERATION WAS PER	FORMED	2Do. AUTOI YES [NO 🔀	20b. IF YE CAUSES OF		CONSIDERED IN CE	RTIFYING
MEDICAL CERT	21o. ACCIDENT WAS OR CONTRIBUTING (If either, notify me	CAUSE OF DEATH	HOUR A.M.	F INJURY Manth Day Year 19	21c. H0	OW INJURY OCC	URRED (Enter i	noture of injury i	n Port 1 or Port 1	2, Item 1B.)	
ME	21d INJURY OCCUR! While Not while of work of work	<u>'</u>		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC				City or		County	Stote
	22a. I certify the	nat (I) (this	haspital) att ve an /// of (I) (we) (did)	ended the decease (did nat) view the b	d fram_C 2, and pady after a	d that in (my death.	/) (aur) opin	ian death acc	urred an the	19_ CF , that date and haur	(I) (we) last and fram the
	22b SIGNATURE	nacia	47	Paretiro, N	O. DEGR	ATTENDIN EE PHYS.	G ME		TAFF 22	S/19/6	*
	22d. PHYSICIAN'S NAME (Type)	POGR	A CIAS	V. FAUST	140	Ball	emme C	ung Si	m bligg.	pand ellet	in Carl.
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DA	1/23/0		EMETERY OR	and the same of	214	23d LOCATION (270	(County)	(Stote)
24.	FUNERAL DIRECTOR	US BO	124 E.	4/1/WIND	502	mill	2So. REC'D BY	AT 22	1368 SEGISTRA	RY EIGNATURE	udge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 2n. DATE OF DEATH 2b HOUR and 2 (Type or print) Month HAZEL Doy 1968 ear C. ELLICOTT 16 Mav by the full Poges-1-S. DATE OF BIRTH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after 3. SEX 4. RACE 6. AGE (In years IF JADER YEAR IF UNDER 24 HRS. lost birthday) HOURS Female Call. Mar. 8, 1888 80 lease remave carban papers. Prand in any event, within 72 hauf 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED the attending physician and campletely filled in sit permit. Then please remave carban papers. country) Penna. U.S.A. WIDOWED IX DIVORCED [Baltimore 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 316 Garden Rd. Apt. C. during most of working life, even (firetired.) INDUSTRY Baltimore 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY NO Maryland Raltimore Baltimore 316 Garden Rd. 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle Lost Middle Last ????????Conety ???????????????????????????????????? 16b. SOCIAL SECURITY NO. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 101 Rd. Yes, na, or unknown) crematian, ar remayal, 220-44-1708 Mr. Charles R. Ellicott APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) X BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY 1 Hr. Coronary occlusion IMMEDIATE CAUSE (a) __ Med. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) Arteriosclerosis 10 Yrs. burial-transit nse to immed ate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause ပ္ပ burial, (PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been far use as the prior to CERTIFICATION Bal 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NOXX YES | of Health by 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notify medical examiner) P.M. ed director, page 3 shauld be detached should be filed with the State Dept. of (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County Releas While Nat while at work 220. I **certify** that (1) (this hospitol) attended the deceosed from Oct. 6, saw the deceased alive on Sept. 26, 1967 and that in (m . 1961 . toMay 16. and that in (my) (aur) apinian death accurred on the date and hour and from the saw the deceased alive on... causes stated abave, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED May 17, 1968 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. A. S, Chalfan 6210 York Road, Baltimore, Maryland 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) CREMATION Mount Baltimore, Md. ADDRESS York Road York Md. 21204 24 FUNERAL DIRECTOR
Wm. Cook-Brooks Towson, 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1050 Yo 30M REV 1/48 DATE





TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and correlated filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cardon papers Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after Page 4 may be retained by the hospitol or attending physician. 23

VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	8684	2		C	ERTIF	ICATE OF D	EATH				4	134
	EASED-NAME	First		Middle		Last		20 DATE OF D		D	V	2b HOUR
(1YE	e ar print)	Josep	h	Lee		Feinou	r	May	Manth	3°0°,	1968	7:40
3. SEX			4. RACE			S DATE OF BIRTI	Н	1	AGE (In ye	ors t	F UNDER 1 YEAR ONTHS DAYS	# JNDER 24 HRS. HOURS MIN
	Male		Whi	ite		3-25-	1928		last birthda	YRS.	ONLINS DALIS	INDUK2 WIN
7a. BIF	RTHPLACE (State a	r fareign		WHAT COUNTRY?	B. MARRIE	D K NEVER MARRIE	D 9	COUNTY OF D				
COUNTY	Halto.,	Md.		SA	WIDOWE			Balti	more			M
	y or town of d Marylar	ıd	l giv	NAME OF HOSPITAL OR INS	Hosp	ital	12a USUAL during most	OCCUPATION (I	Kind of world le even if the Ref	dane tired.) ining	12b. KIND OF INDUSTRY	BUSINESS OR
130. U odmiss	SUAL RESIDENCE (Where decease .and	d lived, if insti 13b COUNTY	tution Residence before Balto.		or town 13d Y	ESTE NO		ET AND NUM L West		ve., 2	1234
14. FA	THER'S NAME Josep	first h P. F	Middle einor	Last		is, mothers maid	en name First y Fitz		M	iddle		Last
16a. ¥	VAS DECEASED EVE	R IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY N	0 17	INFORMANT			Ad	dress	212	234
Yes	s, no, a Na known)	{If yes give we	if or dates of service)	217 22 3	527	Mrs. Ca	therin	e Feind	ur 17	61 We		
C s	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute myocardial infarction. UE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). Stating the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF											
	PART 2 OTHER SIG	GNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED	TO THE TERMINAL D	ISEASE OR CO	NDITION GIVEN	IN PART 1(o)			
CERTIFICATION	9a. DATE OF OPERA	ATION 19b. (ONDITION FOR 1	WHICH OPERATION WAS PER	RFORMED	20a. AUTOPS	Y? NO 🔀		'ES, WERE FII OF DEATH?	IDINGS CON	ISIDERED IN C	ERTIFYING
₹In	Ta. ACCIDENT WAS OR CONTRIBUTING (CAUSE OF DEATH	HOUR A.			HOW INJURY OCCUR	RED (Enterin	nature of injury	in Part 1 ai	Part 2, Ite	m 18.)	
	21d INJURY OCCU	RRED 21e.	PLACE OF INJUR	Y (AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC.				·	r Tawn		County	State
	22a. I certify saw the c causes st	that (I) (thi deceased al ated above	s haspital) a ive an (I) (we)(di	ttended the decease Nay 30,	d from_9 <u>68</u> , coady afte	nd that in (***) er death.	, 1908 (aur) apıni	, ta <u>M</u> ian death ac	curred an	, 19 <u>_6</u> the date	o8, that and have	and fram th
[Signature Coolu	ls X	agui	ana of	up			ECTOR	STAFF EX		TE SIGNED 30, 19	68
. 2	PHYSICIAN'S NAME (Type)	Teodi	1 Pag	linauan, Jr.			20 Yorl	k Road,				
23a.	BURIAL, CREMATION REMOVAL (Specify) BUTTEL	N, 23b. [-3-68	23c. NAME OF CR		ral Cemet	erv	23d LOCATION Balt	imore	Mar	(County) yland	(State)
	UNERAL DIRECTOR			AD DRESS		2	So. REC'D BY	REGISTRAR	CSb REG	ISTRAR'S SI	GNATURE	udat
Wi	m.E.John	son 8	521 Loc	h Raven Blv	d. 2	1204	DATE JU	1/1 == 1	900	1	1	0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36843 06655 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH DECEASED-NAME First Last 2b. HOUR death Poges 1 and (Type or print) Month 7:35 AM MARY F. FERGUSON 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF JNOER 1 YEAR IF JNDER 24 HRS. last birthday) MONTHS HOURS female white. requires that the deoth certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign B. MARRIED | NEVER MARRIED popers country) ingned by the ottending physician and completely filled in burial-transit permit. Then please remove corbon popges. Virginia WIDOWED [DIVORCED [Baltimore within 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY Paltimore 3106 Edgewood Rd Assemblier 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN ond in ony event, 138 INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY Baltimore 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Last Worley G. Frve Teenie Housbour 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address wood Rd. Yes, no. or unknown) 231-2/-1221 cremation, or removal APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per ling (or (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? -15-6 ed for use of Heolth p YES 🗀 NO [7 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTR BUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from Yester, 1965, ta 1967, 1967, that (I) (we) last saw the deceased alive an 251963, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did-not) view the bady after death 226 SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 DIRECTOR PHYS. PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) JREMOVAL (Specify) Dulancy Valley Memorial

30M REV 1/68

24. FUNERAL DIRECTOR

Lassahn Funeral Home

ADDRESS

7h01 Belair Ed

2So. REC'D BY REGISTRAR

DATE

MAY

25b REGISTRAR'S SIGNATURE 1968





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item23b.Film#GLO1 5/31/68km CERTIFICATE OF DEATH DECEASED-NAME Last 2b. HOUR First 2c. DATE OF DEATH (Type or print) 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS HOURS 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED I DIVORCED [please remove carban pope law requires that the deoth certificote be executed within 24 the ottending physician ond completely filled sit permit. Then please remove carban pop IG. CITY DR-FOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR DWSON give street address) event, 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 3e STREET AND NUMBER 13d INSIDE CITY CIMPTS? admission) STATE 13h COUNTY YES! ond in ony 14. FATHER'S NAME Middle Middle Last 15. MOTHER'S MAIDEN NAME First Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, 🖍 of unknown) (If yes give wor or dates of service) MORE FANG or removal, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per lune for (of (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a cremation, Conditions, if any, which gave) burial-transit rise to immediate cause (a). signed by DUE TO, OR AS ANCONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) os the has been 19a, DATE OF OPERATION 20g AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 /F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHS YES 🗔 for use NO, 17 O FUNERAL DIRECTOR: After this certificate Page 4 may be retoined by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter pature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Menth Day Year (If either, notify-medical examiner) be detached (AT HOME-FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 1955, 10 1955, 10 1956, 10 shauld causes stated abaye (1) (we) (did) (did not) yiew the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING directar, page 3 should be filed v DEGREE PHYS DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. ABURIAL, CREMATION, ATMOYAL (Specify) 23b 5/27/68 CEMETERY OR CREMATORY 23d LOCATION TOTAL OF TOW (County) -FLINERAL DIRECTOR 25o. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 30M REV 1468



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Funeral

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130	Towson USUAL RESIDENCE ()	Where decease	al lived if					13d. BISIDE CITY LI		ewif	ET AND NUMB	r D	Hor	1SEW	ife
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	22d. PHYSICIAN'S NAME (Type)	Camil	o Z.	Tomb	oc, M.D.		22e. AD	DRESS							
230	BURIAL, CREMATION REMOVAL (Specify)				23c NAME OF				1		(City or Town)	(County)	(Stote)
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Belair Road 21236

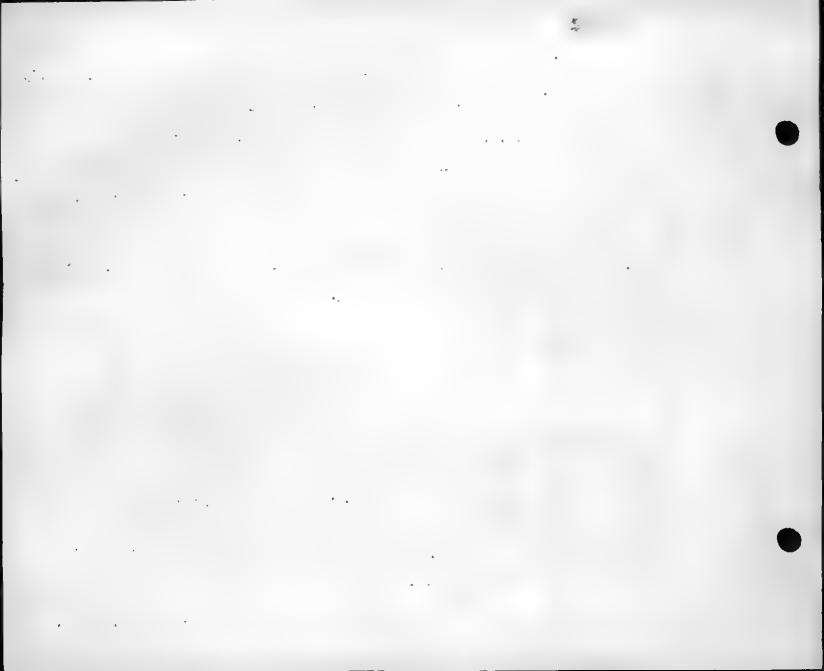
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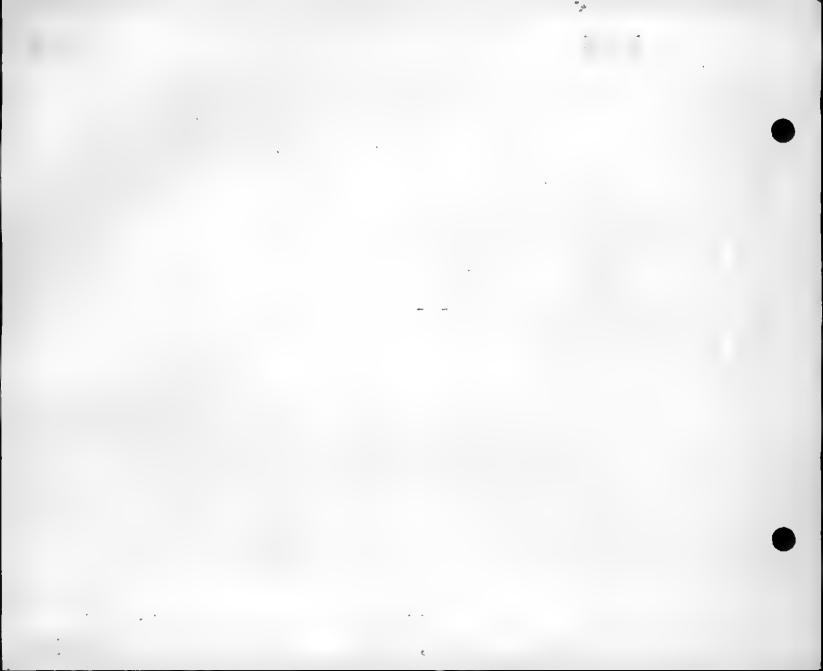
O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Page shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within, 22 bayes if

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

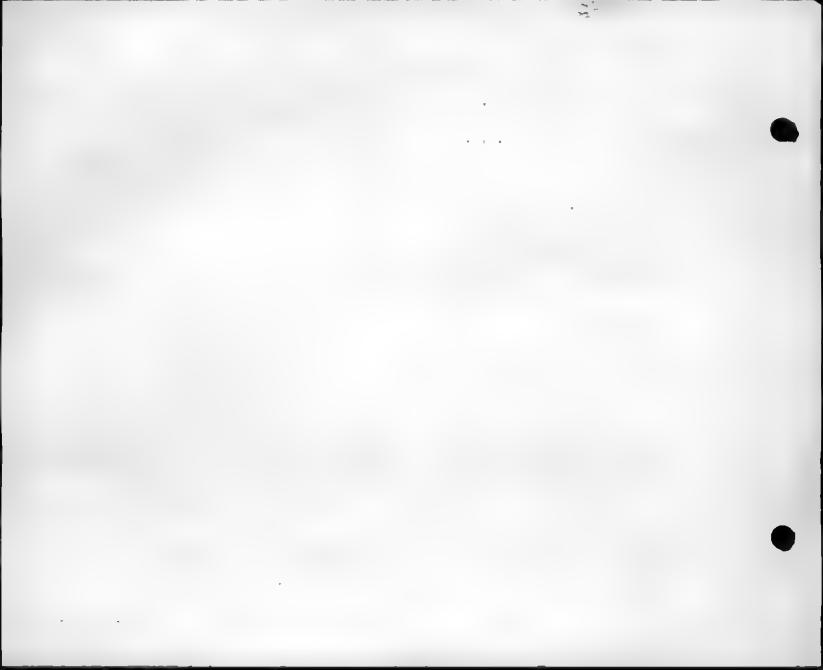
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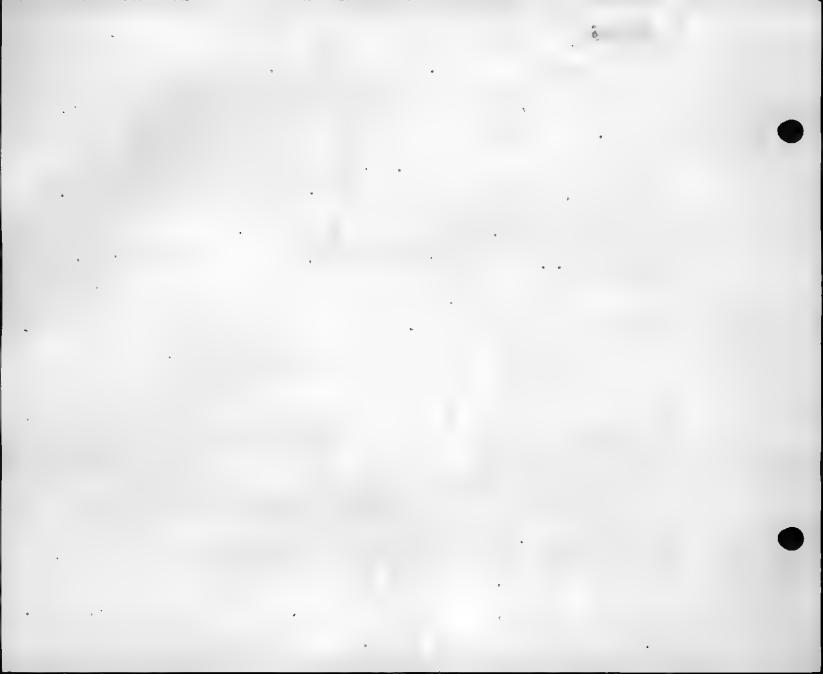




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			7-30-1877		
4 hours	7a. BIRTHPLACE (State or foreign country) Baltimore	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore	M
low requires that the death certificate be executed within 24 hours after death admining physician. been signed by the attending physician and completely filled in Pyther the and is the burial-transit permit. Then please remove carban papers. Procest and is to burial, cremation, or remayal, and in any event, within 2 hours (in that).	1D. CITY OR TOWN OF DEATH TOWSON			USUAL OCCUPATION (Kind of work done no most of working life, even if retired)	
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OR DIRE		met & mi	DEGREE PHYS.	MED STAFF DIRECTOR PHYS.	
O HOSPITAL OR ATTENDING Page 4 may be retained by the O FUNERAL DIRECTOR: After the director, page 3 should be despected by the State of the Original Properties of the Original Proper	22d. PHYSICIAN'S NAME (Type) Mi]	ton B. Kirsh, M.D.	22e. ADDRESS 4000 W.	Northern Parkway	- Baltimore
O HOS Page 4 O FUN		Bb DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
22 2 5 5	REMOVAL (Specify)	5-27-1968 Parkwo	od Cemetery		o. ind.
VR AIS(4)	24. FUNERAL DIRECTOR	ADDRES:	S 2Sa RI	CIRAY REGISTRAY 1988 REGISTRAR	SHEWATER JUNEAR
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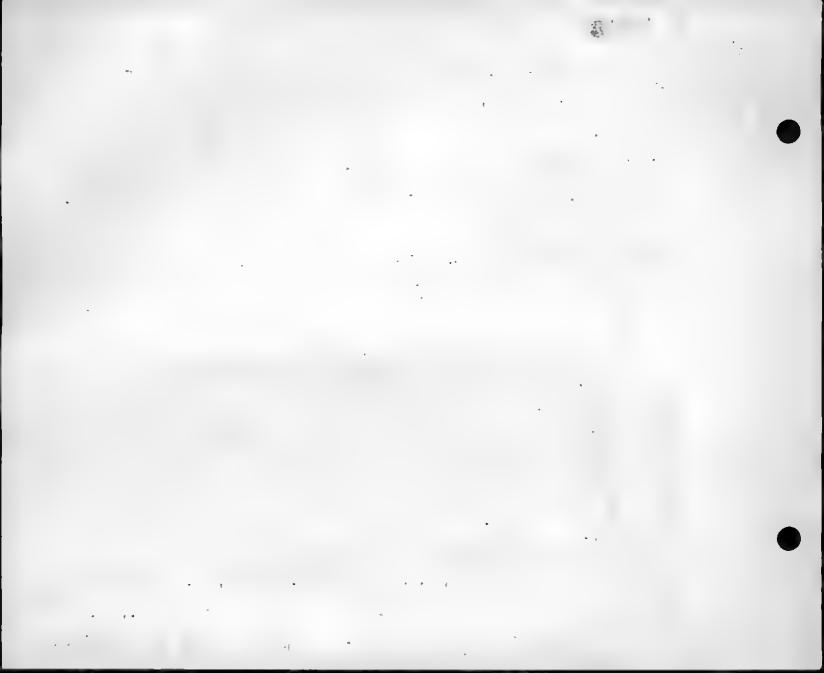
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFAIAHLDEPT DECEASED NAME Fret Middie Inst 20 DATE KNOWN Yeor (Type or Print) ESTI DE Sr. Charles D. Franz DEATH MATED 4. RACE 6 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HPS. DATE PRONOUNCED DEAD 2d HOUR S DATE OF BIRTH 3 SEX last birthday) with the State Departme HOURS 71 YRS 7/10/1896 Male White 9. COUNTY OF DEATH 7o. BIRTHP_ACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED KINEVER MARRIED country U.S.A. Baltimore WIDOWED | DIVORCED [Ma. in Item 18, Give Pages 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 24 haurs after death ID. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR during most of working I fe even if retired) 58 give street oddress) INDUSTRY Joseph Towson 130 LSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 3d INSIDE CITY JUN-TS2 13e STREET AND NUMBER 13b COUNTY Baltimore 231 Rodgers Forge Rd. admission) STATE Rodgers Forges | No X Md. land2 after IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME Nellie Whitaker Frederick C. Franz Examiner's pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT This certificate shauld be executed within in pencil (Yes, no, or unknown) (If yes give war or dates of service) Anne E. Franz 231 Rodgers Forge Rd. 216 03 4925 <u>ه</u> <u>تن</u> APPROXIMATE INTERVA. within 18 CAUSE OF DEATH (Enter only one cause per the for (c) fb), and (c) permit be farwarded to the Chief Medical PART I, DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) writing the ward stating the underlying couse Ë PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) o Si be used 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 2D AUTOPSY? WAS PERFORMED? YES [21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year g 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) 3 should shauld HOUR A.M. PRIMARY OR CONTRIBUTING DICAL EXAMINER: crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE NOT WHILE D 22a. I certify that I took charge of the remains described abave, held an Autopsy ... and in my apinion may be retained for FUNERAL DIRECTOR: Inspection < Inquiry death resulted from: Natural causes Arrident / fomicide Undetermined manner HIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Hearth NAME (Type) Charles F. O'Donnell, I'.D. ADDRESS[Street, city, town, or county) the 230 BUR AL CREMAT ON. 23c NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) M. d. Dulancy Valley Gardens Balto. Texas Buriel 24 FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15ME (5) Mitchell Wiedefeld Home 6500 York Rd. 10M REV. 1/68



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4 hours	- D	caur	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH NOTICE OF WHAT COUNTRY? WIDOWED DIVORCED BALTIMORE	Md
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exe	di ging	14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last	1
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tificate	hysicia n pleos val, on	160. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (16s, no. or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Address MR. JACK FRIEDMAN, 6812 TOWNBROOK DR., AF	<u>т. е</u>
law requires that the death certificate be executed within 24 hours offer death nating physician.	rtificate has been signed by the atterding physician and completely filled in b of for use as the burial-transit permit. Then please remove carbon papers. of Health prior to burial, crematian, or removal, and in any event, within 72 has		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	RVA. I GEATH
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PHYS the hos	After this cell be detache State Dept.	ME	21d. INJURY OCCURRED While Not while of work At HOME, FARM, STREET FACTORY, 21f. LOCATION Street or R F.D. No. City or Town County	State
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22a. I certify that (I) (this haspital) attended the deceased from, 19 CC, to May & , 19 6d , that (I) (v saw the deceased alive an, 19 6d , and that in (my) (aur) apinian death accorded an the date and hour and from causes stated above, (I) (we) (did) (did not) view the bady after death.	we) las ram the
OR AT	5 FUNERAL DIRECTOR: A director, page 3 should be filed with the		226 SIGNATURE Troving Kolon Director D	-
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	VR A15 (4) 30M REV. 1/68	\$01	FUNERAL DIRECTOR ADDRESS L LEVINSON & BROS. 6010 REISTERSTOWN ROAD DATE MANY 7 1968 Policy Surply	e.



, 1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	* 34
HEALTH DEPT	I DECEASED-NAME First Middle Lost 2a DATE KNOWNE Month Day	Year 2b HOUR
	(Type or Print) James R. Fry OF ESTI- DEATH MATED May 1	168 6:05
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ve F g we	Bowley's Quarters grant Gr	JSIRY Alrcraft
	13a JSUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13Bate Deforms 13a inside CITY JM IS? 13e, STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Baltimore Quarters YES NO St Box 175 Chester	Rd.
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l within n pencil Examine File pagi	(Yes, no ar unknown) (thyse and word dates of service) 174 14 2198 Mildred Patterson Same	
등등은 뜻들	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) UCULO Coronaly Occurs IMMEDIATE CAUSE (a)	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
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sic est ctar.	death resulted fram: Natural causes XI, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗍	
please please retainect DIRECT	ACTUAL THE GOOD TO THE STORY CHIEF MEDICAL EXAMINER (1) 224 DAYE STORY	/
M. Ferral Poer Price	SIGNATURE MD ASS STANT MEDICAL EXAMINER 22b. DATE SIGN	ED
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TO DEPUTY DIGGE HE funeral direct 5 may be retained TO FUNERAL DIRECT Health prior to be	230 BUR AL, CREMAT ON, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Cou	unty) (State)
OR	January Dar Large Constitution	
13	24 FUNERA. DIRECTOR 250. REC D 84 REGISTRAR 256 REGISTRAR S SIGN.	ATJRE
VR A15ME (5) 10M REV 1/68	Bruzdzinski Funeral Nome 1407 Eastern Ave. DATMAY 3 1968 fluoria) Judget



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DERGS CERTIFICATE OF DEATH inst 2a. DATE OF DEATH 2b. HOUR Middle DECEASED-NAME First haurs after death. Month (Type or print) Ferdinand GADOW Frank S. DATE OF BIRTH IF UNDER I YEAR 4. RACE 6 AGE (n years SEX last birtheay) DAYS the ottending physician ond completely filled in by the sit permit. Then please remove carbon popers. Page nation, or removol, and in ony event, within 72 haury of July 16, 1911 White Male The low requires that the death certificate be executed within 24 haurs 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 50 NEVER MARRIED DIVORCED [Baltimore. WIDOWED | U.S.A. Maryland 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH INDUSTRY during most of warking life, even if retired) give street oddress SOLESMAN Towson JOSEPH HOSPITAL 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, of institution; Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? edmission) STATE Maryland 13b COUNTY NO X YES 🗔 2-A Glenmore Ave. Baltimore Middle 15 MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Last First 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) 212-03-7140 MRS. MARION 2-AGLENMOR CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cerebral hemorrhage cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial-tronsit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been as the Heolth prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 NO Tel for use by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAJSE OF DEATH HOUR A.M. Month Day Year P.M. 40 (If either, natify medical examiner) detoched 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. State County 21d. INJURY OCCURRED City or Town While Nat while at work ATTENDING 22a. I certify that 0% (this haspital) attended the deceased from 4/30/ saw the deceased alive an 5/2/ 19 68 and that in (_____19_68__, ta ___ 19_68 , that XI) (we) last 19_68 and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should be spould be filed with the St causes stated abave, (I) (we) (did) (did nat) view the bady after death 22c DATE SIGNED 22b. SIGNATURE STAFF PHYS. ATTENDING MED. DIRECTOR \mathbf{x} May 2, 1968 DEGREE PHYS. ^{22e} ADDRESS 7620 York Rd., Towson, Md. 21204 NAME (Type) Ramon P. Lopez, M.D. 23c NAME OF CEMETERY OR CHEMPTORY 23d. LOCATION (City or Town) (County) (State) 230 BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) DUSTA 25a. REC D BY REGISTRAR REGISTRAR & SIGNATURE EUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 DATE



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TOD STATE	33660 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	176
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 2a. DATE KNOWN Manth D	
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viii P	Pikesville give street address during mast of working life, even if retired IN	VDUSTRY Self-employ
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TO DEPL necesso the fun 5 may 70 FUNE Health	230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	County) (State)
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0.1	24 FUNERAL DIRECTOR 256 REGISTRAR 256 REGIST	NATUR Judge
VR A15ME (5) 10M REV 1/68	Frank H Kowell Pelesille 8) DATE MAY 20 1968 July	9 9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00667 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) John Harry May Garmer 4 RACE S. DATE OF BIRTH 3. SEX IF LINDER 1 YEAR 6. AGE (In years requires that the death certificate be executed within 24 haurs after 2-26-1894 last-birthdoy) Mala White country) 70 BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED TISA Baltimore DIVORCED [WIDOWED -10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during must of wark no life, even if retired.) Railroad give street address) Armacost N.H. Baltimore 12 13a, USUAL RESIDENCE (Where deceased lived, of institution; Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE 136. COUNTY YES 😓 603 W. Loth St. Balto. remaye 14 FATHER'S NAME Middle Middle Last IS MOTHERS MAIDEN NAME First John Henry Garmer Marv E. Lauer the attending physician or sit permit. Then please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes no or unknown) (If yes give war or dates at service) 05-05-8415 Mrs. Gertrude G. Garmer Above 18. CAUSE OF DEATH (Enter any one cause per line far (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH RONCH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a). stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 O FUNERAL DIRECTOR: After this certificate has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20g. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO K YES [T 21g. ACCIDENT WAS UNDERLYING 2 b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING (CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Month Day 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f, LOCATION Street of R.F.D. No. City or Town State Caunty While Nat while at work at wark Page 4 may be retained directar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN S 22e ADDRESS 1532 Havenwood Rd., Balto., Md. NAME (Type) Dr. Arthur Karfgin 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) Dulaney Valley Mem. Grds. Timonium, Balto. Co. Md. REGISTRAR 1968 2Sb REGISTRAR'S SIGNATURE

H.W. Jenkins & Sons Co. 4905 York Rd., Baloto MA

VR A15 (4)

30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH JE862 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death Month 13 (Type or print) Gertrude R. WK W M. Gebler May 1.988 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (in years White signed by the ottending physician and completely filled in by the buriol-transit permit. Then please remave corbon papers. Pages buriol, cremation, ar removal, and in ony event, within 72 hours aft Female last bithday) HOURS Nev. 14. 1912. 7o. BIRTHPLACE (Stote or fareign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRED 9. COUNTY OF DEATH country) Maryland USA Baltimore WIDOWED 5 DIVORCED I 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during mest of working life, even if retired.) Sunshine Ave. INDUSTRY Kingsville 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE ETTY LIMITS? 13e STREET AND NUMBER 13b COUNTY Balto. admission) STATE Md. Kingsville YES Sunshine Avenue NO IX 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last Middle Lost Karl Gebler A. Marv Huber 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 217-01-5513 17 INFORMANT Address Yes, no prunknown) Mr. Kenneth Higgs (Same) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), by the hospital or ottending physicion. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNALICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DECONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been 19a DATE OF OPERATION 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO DA 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Caunty State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 saw the deceased alive an 19 sand that in (m 1944, to 5-1 196 and that in (my) (eur) opinion death accurred an the date and haur and from the be retained couses stated abave, (1) (we) (did) (did not) view the body after death. 226. SIGNATURE 22c. DATE SIGNED ATTENDING MED. STAFF PHYS. 2Zd PHYSICIAN'S VAME(Ivpe) 22e. ADDRESS Clifford F. Hudson M.D. Fork, Md. 23a BURIAL, CREMATION, BRINOVAL (Specify) 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 5/14/68. BelAir Memorial Cemetery Belair. Md. 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) Leonard J. Ruck, Inc. Balto. Md. 21214 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH eath. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Raltimore Marvland Baltimore **MARYLAND** CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) papers. Prin 72 hour Rodgers Force Rodgers Forge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 421 Hopkins Rd. 421 Hopkins Rd. NO 3 YES completely executed witlin lease remove carbon pand in any event, with 3. NAME OF DATE Month Year Last DECEASED (Type or print) OF 1968 DEATH Mav 16 William F. Getchev Jr. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 9. 1001 white and mala March 2. 67 WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND DF BUSINESS OR during most of working life, even if retired) | INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) been signed by the attending physician the burial-transit permit. Then please in to burial, cremation, or removal, and in thall tile leat certificate le COUNTRY? auditor Balto. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary O'Brien William F. Getchey Jr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Ruth S. Getchev 215-03-9002 Same no 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c). INTERVAL BETWEEN DNSET AND DEATH PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO The law requires Page 4 may be retained by the nospuration of Page 4 may be retained by the nospuration of FUNERAL DIRECTOR: After this certificate has been significantly, page 3 should be detached for use as the burnary he filed with the State Dept. of Health prior to burnary he filed with the State Dept. Conditions, if any, which gave rise to immediate DUE TO (a), stating underlying cause last. CERTIFICATION WAS AUTOPSY PERFORMED? 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM DISEASE CONDITION GIVEN IN PART 1(a) YES [NO E 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive onand that death occurred at M. from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED 22a. STAFF DIRECTOR PHYS. M.D PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) O'Donnell. M.D. <u>Charles</u> BURIAL, CREMATION, REMOVAL (Specify) Cremation NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 5/20/68 Greenmount Crematory REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR VR A15 (4) 6500 York Rd. Mitchell-Wiedefeld Home 15M 4-64 21212 Balto.. Md.



MARYLAND STATE DEPARTMENT OF HEALTH 36664 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 hours after death. (Type or print) oncetta Glorioso 4 RACE 6. AGE (In years last_birthday) S. DATE OF BIRTH IF SINDER 24 HRS 3. SEX IF LOIDER 1 YEAR White MONTHS HOURS temale August 23 ve car on papers. Page event, within 72 hours the ottending physician and completally filled in by sit permit. Then please remove care on papers. 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED T NEVER MARRIED country) Raltimore WIDOWED 5 DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY please remove car on Towson 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE Balto. 13b. COUNTY NO 🛂 Neighbors Ave. and in any Middle 15 MOTHER'S MAIDEN NAME_First 14. FATHER'S NAME Last Last Salvatore Greco 16g, WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (it) yes give war or dates of service) Same cremotion, or remayol, APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) buriol-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate hos been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗔 YES | 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY ģ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREET FACTORY 21f LOCATION Street or R.F.D. No. City or Tawn County State While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on 1968, and that in (my) (our) opinian death accurred an the date and hour and from the be retained causes stated above, (1) (we) (did) (dia not) view the body after death 22b SIGNATURI 22c DATE/SIGNED DEGREE PHYS DIRECTOR PHYSICIAN'S NAME (Type) 22e. ADDRESS 22d. John G. Orth M.D director, 23c NAME OF CEMETERY OR CREMATORY 23b DATE LOCATION (CITY (Stote) 23a BURIAL, CREMATION REMOVAL (Specify) Holy Redeemer

Balto Md.

24. FUNERAL DIRECTOR

VR A15 (4)

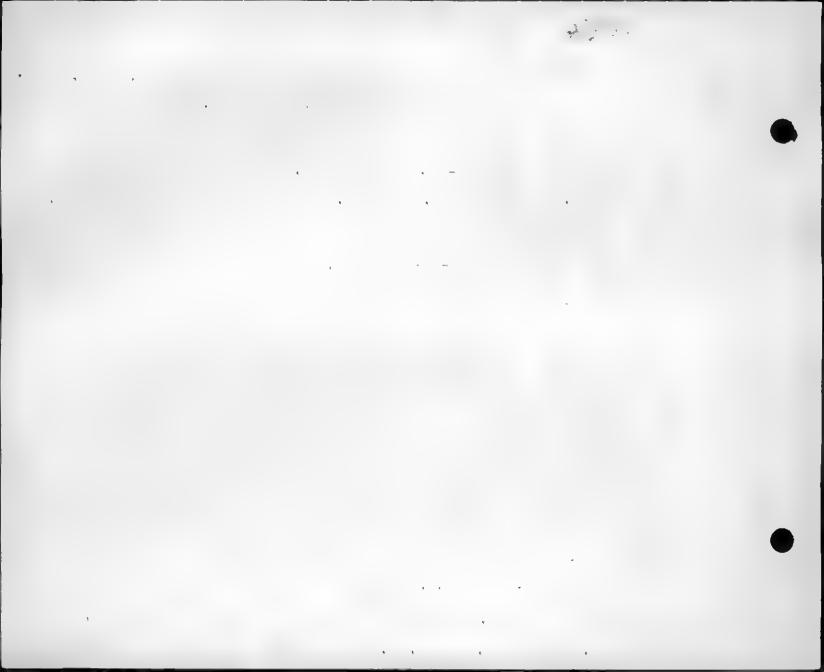
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25o. REC'D BY REGISTRAR

2Sb.

REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the the uneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 abould be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 poor after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth.

Poge 4 moy be retained by the hospital or attending physicion.

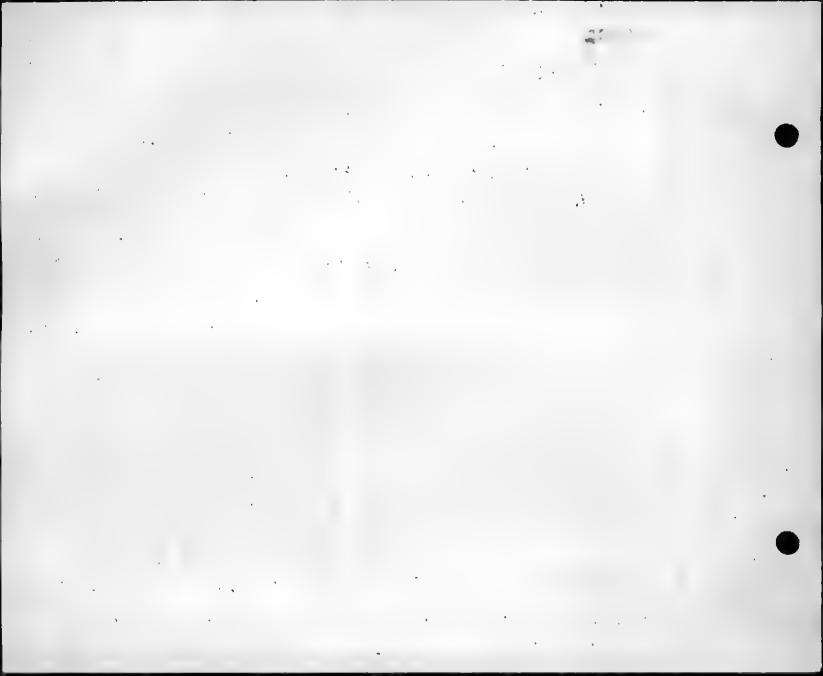
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFI	ICATE	OF	DEATH	

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TIFICATR	19a. DATE OF OP	ERATION 19	b. Condition for which o	PERATION WAS PERFORM	YES YES		20b. IF YES, WERE FII CAUSES OF DEATH?	NDINGS CONSIDE	RED IN CERTIFYII	NG .
MEDICAL CERTIFICATION	21a. ACCIDENT OR CONTR BUTIN (If either, notify	ig □ EAUSE OF D y medical exal	HOUR A.M. Mo	onth Day Year 19	21c. HOW INJURY OCCURRE	D (Enter nature	af injury in Part 1 ar	Part 2, Item 1	8.}	
ME		while		E BUILDING, ETC. 7	21f. LOCATION Street or	R.F.D. Na.	City or Town	Cau	nty	State
	saw the	e deceased stated abo	this hospitol) ottende olive on————————————————————————————————————	16 19 6	and that in (my) (c	_, 19 <u>_/_</u> , t our) opinian de		7, 19 <u>68</u> the date an	, that (I) (indicated the state of the state	we) last ram the
	22b. SIGNATURE	1 an	P K Zrey	lul M	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE S	IGNED /	
,	22d. PHYSICIAN NAME (Typ	e) PA	JL R. Z/E	EGLER 1	22e. ADDRESS	"HEST H	UT HILL	DR E	Le city,	MJ
	REMOVAL (Speci	fy) C -	7. DATE		ERY OR CREMATORY	Cem H	OCATION (City or Tay	(Cau	inty) (State	re)
24.	FUNERAL DIRECT	OR T	C.B.	ADDRESS	Lto MI DAT	MAY 2 4	RAR 1968 25b REG	ISTRAR'S SIGNA	unge	



september 1		GGGGG DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5
HEALTH DERT.		PECEASED NAME First Middle Lost 20 DATE KNOWN Month Do	y Yeos 2b HONR
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ny delay is 2, and 3 ta PM3. Page	7-	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1900 11 5 M
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shauld be executed within he ward "pending" in pencil ta the Chief Medica! Examine burial-transit permit File pag in any event within 72 hau		18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c))	ALLKAYIWATE MISKAY
mit itali		18. CAUSE OF DEATH (Enter only one couse per line forto), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) TRANGO HATION QUE TO HAROLING IMMEDIATE CAUSE (o)	BETWEEN ONSET AND DEATH
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This certificate shauld be executed within 24 havrs after death ficate, writing the ward "pending" in pencil in Item 18. Give Pages 1 be farwarded to the Chief Medical Examiner's Office along with form 1d be used as a burial-transit permit file pages I and 2 with the Star D ar remayal, and in any event within 72 haurs after death.	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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Shorts and state of the control of t	WED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street). 21f LOCATION Street or RF D. No. (ity or Town //)	County State
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E A September 19 Control of the Cont		22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection L. Inquiry	and in my apiniar
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Ty please yy, please aral direct be retained by priar to		ACTUAL CHIEF MEDICAL EXAMINER 226 DATE SIGN	NEDY /
RAI Pri		SIGNATURE STORY MEDICAL EVALUATION FT	120/18
E PE		NAME (Type) M. B. DAVIS MD ADDRESS (Street, city, town, or county 6802 MORNI)	THE STATE OF THE S
TO DEPUTY necessary, the funeral 5 may be TO FUNERAL Health prin	230		unty) (Store)
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v.Q	28	BURIAL MAT 29 1968 SACRED HEART BALTO. ME FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR LASS	WERIGH CARACTER
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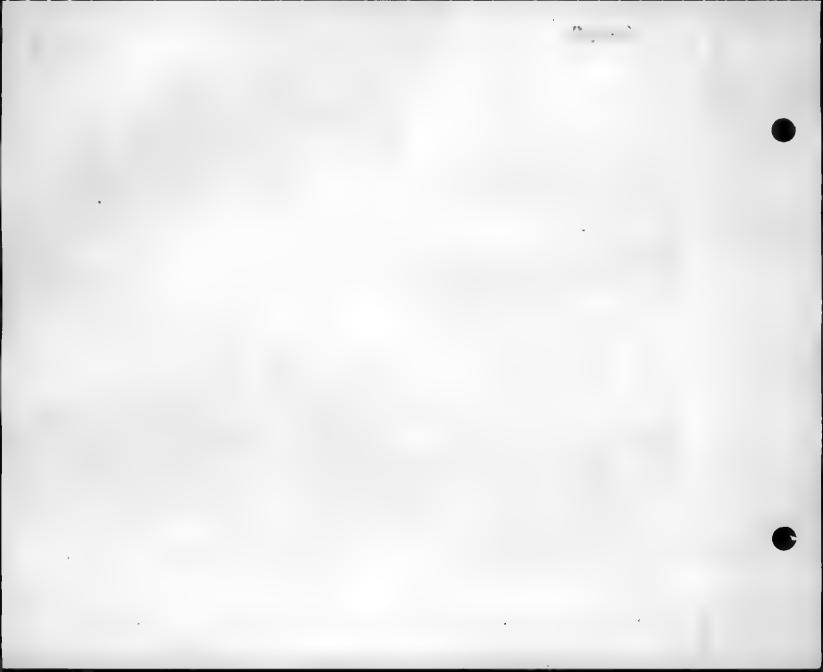
MARYLAND STATE DEPARTMENT OF HEALTH



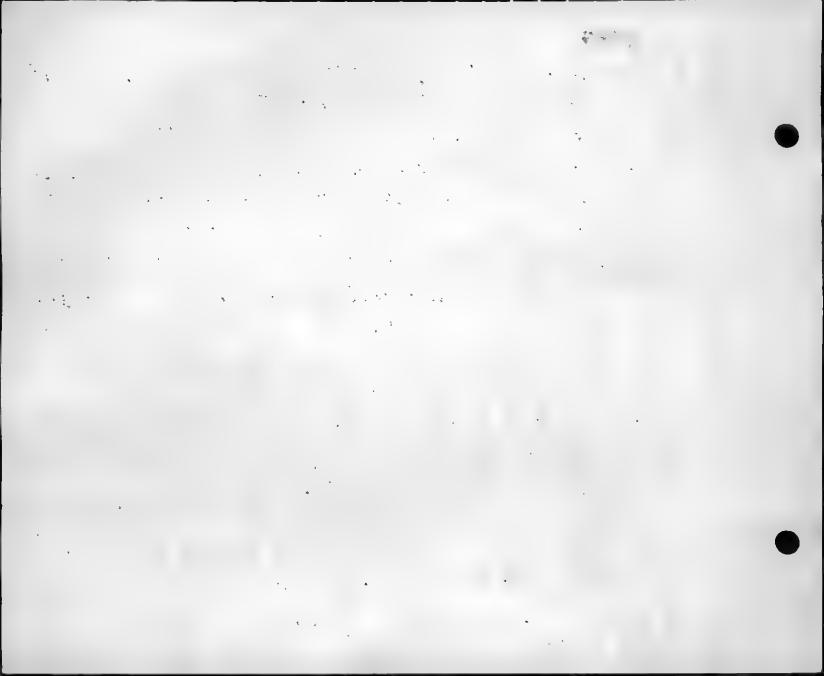
Leenard J. Ruck, Inc. Balte. Md. 21214



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR low requires that the death certificate be executed within 24 hours after death 7300 N (Type ar print) ALAN 6. AGE (In years 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER LYEAR IF UNCER 24 HRS. 1898 last birthday) HOURS Nav. YRS. signed by the attending physicion and completely filled in by, buriof-transit permit. Then please remove corbon papers. 7b. CITIZEN OF WHAT COUNTRY? Raltimore 7a, BIRTHPLACE (State or foreign 8. MARRIED [5] NEVER MARRIED [9. COUNTY OF DEATH buriol, cremation, or removal, and in any event, within 72 h country) LI.S.A WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATHCatonsvilly. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Nursing home of working life, even if retired.) give street address) 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? I3e. STREET AND NUMBER 13b COUNTY admissian) STATE YES 🗍 318 Oella Ave. NO T 14. FATHER S NAME Middle IS MOTHER'S MAIDEN NAME First Lost DYYY orse 17. INFORMANT 16q_WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address (If yes give war ardates of service) Yes, no, or unknown) 705-09-813 APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATT PART I. DEATH WAS CAUSED BY: theum IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave 3 rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, OR CONDITION, GIVEN IN PART 1(g) os the hos been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [d for use of Health p Page 4 may be retained by the hospital or of FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. be detached State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at wark ATTENDING 22a. I certify that (I) (this hospital) attended the deceased from April 24., 19.6.8., to 144.7.2.5., 19.6.8., that (I) (we) last saw the deceased alive on 5/23/19/4, and that in (my) (our) opinion death accurred an the date and hour and from the 3 should be with the S causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE be filed 22e ADDRESS PHYSICIAN'S NAN PONMEZ NAME (Type) director, 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Loudon Park Cemetery Baltimore , Maryland Mau 24. FUNERAL DIRECTOR Sterling Duneral Estate ADDRESS 25g, REC'D BY REG-STRAR 2Sb. REGISTRAR'S SIGNATURE JOM REV 168 Minutes Inde 736 Edmondson Ave



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH First 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) GEORBE 3. SEX 4. RACE 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last buthday) MONTHS HOURS 7a. BIRTHPLACE (State ar fareign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) g physician and campletely filled in Then please remave carban paneral WIDOWED [DIVORCED 120 USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during most of working life, even of retired.) 13c CFTY OR 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE 14. FATHER'S NAME MOTHER S MAIDEN NAME First Middle 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO signed by the attending physic burial-transit permit. Then pla burial, crematian, ar remaval, Yes, no, or unknown) (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Canditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Dept. of Health priar ta has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? O FUNERAL DIRECTOR: After this certificate 2 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) And P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION 21d INJURY OCCURRED Street at R.F.D Na. State City or Town County While Nat while at wark 22a. I **certify** that (1) (this haspital) attended the deceased fram 5/18 saw the deceased glive an 3/18 1946, and that in (r _____, 19_&S___, to _1968_, and that in (my) (aur) apinian death accurred an the date and haur and fram the be retained director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR Page 4 may 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a BURIAL, CREMATION PREMOVAL (Specify) 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 libours after death. Page 4 may be retained by the haspital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

4			DIVISION OF VITA					MORE,	MARYLAND 21	201		2 04 12	
	1	tem7b,Film#GLC	00 5/13/68km	ı CE	RTIFICA	ATE OF E	DEATH					7 6	
	1. DI	CEASED-NAME First		M ddle		Lost			TE OF DEATH			2b. HOL	JR
	(T	ype or print) Roy	E. Greer					5-	-5-1968	Doy	Yeor	20	- M
	3. SE	X	4. RACE			S. DATE OF BIR	TH		6. AGE (In ye	ors	FUNCER 1 YEAR ONTHS GAYS	IF UNDER 24 F	irs.
P.		Male	W			April :	3, 188	8	lost birthdo	YRS.	UNITS UNTS	HUUKS	NIN.
П	70 E	SIRTHPLACE (State or foreign	7b CITIZEN OF WHAT CO	UNTRY? 8	MARRIED [NEVER MARR	IED	9. COUNT	Y OF DEATH				
	cour	Canada	USA		WIDOWED [Balt	to .				Md
	10. 0	ITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL OR INSTIT	TUTION (If no	t in hospitol			T ON (Kind of worl		12b. KIND OF	BUS!NESS OR	
,		Bal to.	give street of 7322	ddress) Windsor	Mill	Road	during me	et ot wor Etire	rking life, even if re ed	tired.J	INDUSTRY		
3		USUAL RESIDENCE (Where deceo	1.6: 1.6	1 2 7		OWN 1	3d. INSIDE CITY LI	MITS? 13	e. STREET AND NUM	BER			
	odmi	ssion) STATE Maryland	13b. COUNTY Balt	0.	Balti	more	YES NO		7322 Wind	sor h	1111 Ro	oad	
	14	ATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAI	DEN NAME F	rst	M	ıddle		Lost	
		David G. Gree	er			Margare	t Jan	e Gre	er				
	160.	WAS DECEASED EVER IN U.S. AR	Connect de codes of connect	OCIAL SECURITY NO		FORMANT	TXXX	182	Ramble M	tod F	load		
	'	RIO of officer	, 11.00	-10-4411	Mr	s. Lloj	d Bre	ttsci	nwerdt,El	litot			1
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for	(a), (b), and (c)/)	1. 7	- M.		0 `	1 1 1/2 -		APPROXIII BETWEEN O	NATE INTERVAL NSET AND DEATH	1
		PART I. DEATH WAS CAUSE	ED BY: ATE CAUSE (a)	u	auce	1 /My	ocard	la	Migui	um			
		470 X	DUE TO, OR AS A CO	ONSEONEDICAL OF		1. 8			c 111				
		Conditions, if any, which gove:)	Con	muc	run	uma	ry	Rughlyn	erun			
		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CO	ONSEQUENCE OF				0	7				
		lost	(c)										
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING T	O DEATH BUT NOT	RELATED TO	THE TERMINAL	DISEASE ORC	ONDITION	GIVEN IN PART 1(o)				
	2	1 1											
	ATIO	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OP	ERATION WAS PERF	ORMED	20a. AUTOP	SY?		Ob. 1F YES, WERE FIN	IDINGS CON	ISIDERED IN C	ERTIFYING	
ń	CERTIFICATION					YES 🔲	NO 🔲	(AUSES OF DEATH?				
		216. ACCIDENT WAS UNDERLYI			21c HO	W INJURY OCCL	JRRED (Enter	noture o	f injury in Port I or	Port 2, Ite	m 18.)		
	MEDICAL	GR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami	TH HOURAM. Mor	nth Day Year									
	ME	23 A INTUDY OCCUPRED 216	PLACE OF INJURY (AT HOL	ME, FARM, STREET, FACTO	RY,) 21f. LOC	ATION Street	or R.F.D No.		City or Town		County	Stote	è
								4		,	19		
		22a. I certify that (I) (the saw the deceased of	nis haspital) attended	the deceased	from	014	, 196	کر, to	5-4	, 19&_	a, that	(I) (400)	las
		saw the deceased a	live an S	19:	and کے ع	that in (my) (aur) apı	n <mark>ian d</mark> ei	ath accur <mark>red</mark> an	the date	and hour	and fram	the
		22b. SIGNATURE	e, (l) (we) (did) (did r	nat) view the bo	iay amer a	earn.				1 22. DA	TE CICNED 4		
		1/10	Wimer		DEGRE	, , , , , , ,		ED. RECTOR	STAFF PHYS.	£ 5	TE SIGNED	28	
-		22d PHYSICIAN S Dr. Ra	fael A. Per	27 x 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	K	22e. ADDR 730		erty	Rd., Bal	to.,	Md.		
,	230.		DATE	23c. NAME OF CE	METERY OR (REMATORY		23d. LO	CATION (City or Tov	/n)	(County)	(Stote)	
		SELECTION CO., LEC. 3	5-8-68	Loudon I	Park C	emeter	У		lto., Md.				
1	24								AR - 25h REG		GNATURE		_

30M REV. 1468

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled i director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon paper should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 77

Witzke Funeral Directors, Balto., Md. 21229

DAMAY

1968



MARYLAND STATE DEPARTMENT OF HEALTH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached for use as the burnal-transit permit. Then please remave carbon papers. Poly shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs

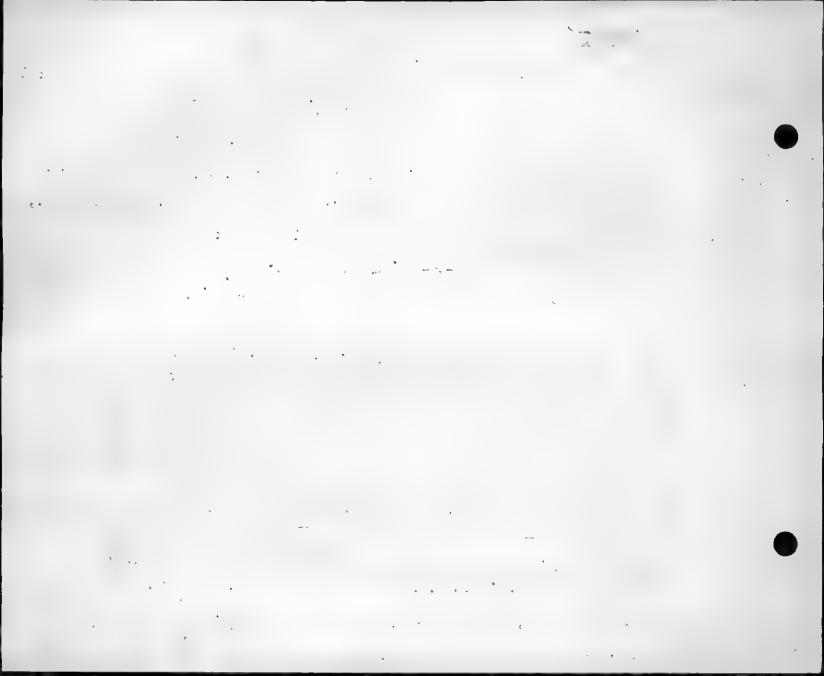
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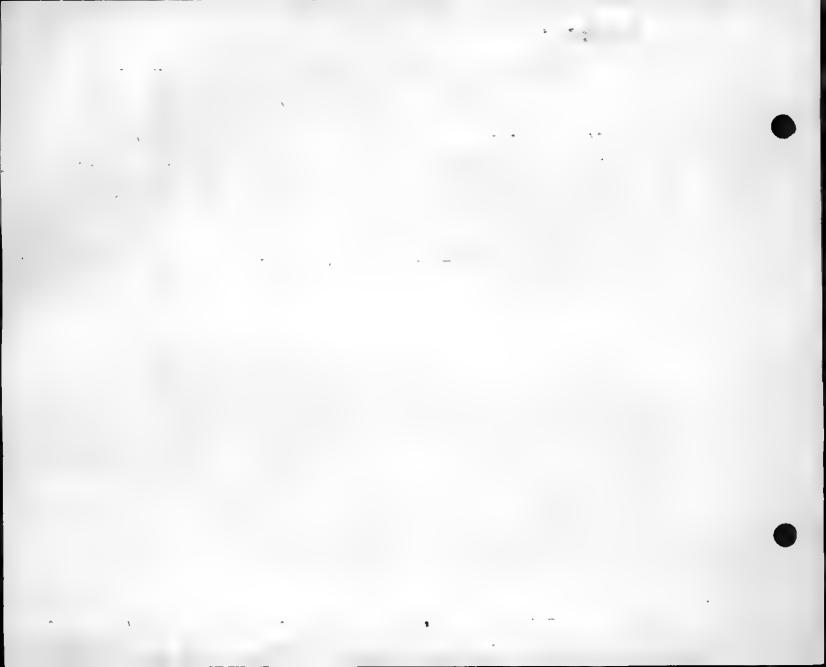
Page 4 may be retained by the Laspital or attending physician.

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1					KIIFIC		DEATH					1	
		CEASED-NAME ype or print)	First	Middle		Last		20. [DATE OF DEATH Month	Dgy	Yeos		HOUR
-	`		John Gregor							~	83		4OAM
	3. SE	X	4. RACE		ĺ	S. DATE OF B	IRTH		6. AGE (In years	1FI	UNDER 1 YEAR	IF UNDER	24 HRS.
		M	W			2/16/1	.880		88 birthdoy)	YRS.	UITS DATE	HOURS	AN IN
- 1		RIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO	OUNTRY? B	MARRIED [NEVER MAI	RIED	9. COU	NTY OF DEATH				
	coun	Hungary	USA		WIDOWED \$		RCED 🗌	Ba	ltimore				Md.
	10. 0	ITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL OR INSTIT	UTION (if no	at in haspital	12a USUA	AL OCCU	PATION (Kind of work d	ane 1	2b KIND OF	BUSINESS	
•		Towson		la Maris			Co	a.	orking fe, even if retir Miner		Coal .	Mine	s
47	13o.	USUAL RESIDENCE (Where d ssion) STATE	eceosed lived, if institution Ri	1/			13d INSIDE CITY LI		13e. STREET AND NUMBE				
	GUIIII	Md	139. COUNT	T V F	Baltir	nore	YES NO		2062 E. B	<u>elve</u>	dere	Ave.	•
7	14. F	ATHER'S NAME FIRST	Middle	Last	15	. MOTHER'S M	AIDEN NAME F	irst	Midd	le		Last	
		Willima	Gregor			_ Jul	lia y	bes	ko				
		WAS DECEASED EVER IN U.S	. ARMED FORCES? 16b. S	SOCIAL SECURITY NO.	. 17. 11	NFORMANT			Addre	\$\$			
	Y	es, na, ar unknawn) (If ye	s give war or dates of service)	8-05-5018	3 A F	lospice	recor	rds_					
		18. CAUSE OF DEATH (Ent	ter only one couse per line for					1				MATE INTERV	
		PART 1. DEATH WAS C	AUSED BY:		1200	110 /	Mari	Ac,	vdm_			MADE PARTY	, print
	Ш	4120	MEDIATE CAUSE (a) DUE TO, OR AS A C	ONCEOUENCE OF		1 -/	2	-					
- 1		Canditions, if any, which a	igve)	ONSEQUENCE OF	1	15¢ir.	9		1				
		rise to immediate cause	(a) (b)	UNCEVITER OF				-/.	10				
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF Malmet refer (Voluntary)											
		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING 1	TO DEATH BUT NOT	RELATED TO	THE TERMINA	L DISEASE OR C	ONDITIO	ON GIVEN IN PART 1(0)				
	z	1.											
,	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OP	PERATION WAS PERFO	ORMED	20o. AUTO	PSY?		20b IF YES, WERE FINDI	NGS CONS	IDERED IN C	ERTIFYING	G
K	TEK					YES [NO [) i	CAUSES OF DEATH?				
		21a. ACCIDENT WAS UNDE			21c HC	OW INJURY OF	CURRED (Ente	r nature	af injury in Part 1 or Pa	ort 2, Item	1 1B.)		
	MEDICAL	OR CONTRIBUTING CAUSE ((If either, notify medical e		nth Doy Year									
	WED.	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HO	17	87.) 21f LO	CATION Stre	et or R.F.D. No.		City or Town	(aunty		State
		While hat while at work	OFFICE	BUILDING, ETC.	1				,				
			(this hospital) attended	d the deceased	from	2/72/5	19_		to_ ロ /2/68	. 19	tho	(I) (w	e) lost
		sow the deceose) (this hospital) attended ed alive an 5/1	/6819	, on	Thor in (m	y) (our) opi	nion d	eoth occurred on th	e dote	ond hour	and fro	om the
		couses stated a	bove, (I) (we) (did) (did i	not) view the bo	dy ofter o	leoth. —							
		22b. SIGNATURE	. Thoul	- L		ATTENDI	NG - N	NED.	STAFF C	22c. DATI			
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1	Ш	22d. PHYSICIAN'S NAME (Type)	. 6/			22e. ADI		773	T D.3	Ф			
ĺ			bert J. Mahon				201		Joppa Rd.,				
\	230	PEMOVAL (Specific)	23b. DATE	23c. NAME OF CE				23d.	LOCATION (City or Town)	(County)	eto12))
N			May 4,1968	New Ca	athed	ral	1		Baltimor	P M	d		
J.	24.	FUNERAL DIRECTOR		ADDRESS			25a. REC'D B			RAR'S SIG	NATURE ()	udas	
₂ 1		Wm. Cook-Br	ooksTowson. T	owson M	d 21	204	DATE IV.	11	6 1968		100	0	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type or print) WILLIAM H. GROSS S. DATE OF BIRTH TE UNCER 24 HRS. 3. SEX 4 RACE IF UNDER 1 YEAR 6. AGF (In years MALE Oct 17, last sighday) physician and campletely filled in by the NEGRO 1911 requires that the death certificate be executed within 24 haurs aft 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED THE NEVER MARRIED carrya. Co., Md U.S.A. Catonville, WIDOWED [DIVORCED [77] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a USUAL OCCUPATION (Kind of work done 914Houses in Pines N. Home most of Catonville 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 138 INSIDE CITY JAMITS? 13b COUNTY asadena/ /; (admission) STATE NO 🔀 Md. Box 390 Woods Road 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Lost Last **ISTAH** PORTER MARY GROSS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address No, or unknown) 217-07-1416 Mrs. Alverta Gross Box 390 Woods Rd 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Conditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 2 f. LOCATION Street or R.F.D. No City or Town Caunty State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 3-3-, 1948, to 5-6-, 1948, that (I) (we) last saw the deceased give on 3-1948, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above. (1) (Ne) (did) (did nat) view the body after death. 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR director, page 3 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230. BURIAL, CREMATION, 23b. DATE (County) Md. Magothy. Mt. Zion Meth. Ch. Cem. 256 REGISTRARS SIGNATURE 25a, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DYETT F.H. 1701 Laurens Stre



		1				ID STATE DEPARTMENT OF H		
**	- 1			00077		301 W. PRESTON STREET, BALTI	IMORE, MARYLAND 21201	
, married and a	- (M	9	06672		CERTIFICATE OF DEATH		36679
17	€ _2€	H		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b HOUR
and the same of th	r death) ((pe or print) John	W.	HAGGER TY	5 Month & Day	68 eor M
	aurs after death by the funeral Pages J. and naurs after death	<u> </u>	3. SE	M	4 RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
0	24 haurs after death ed in by the funeral ppers. Pages 1. and 7.72 haurs after death		7o. E caur	IRTHPLACE (State or foreign Iry) W. Va.,	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	o C Md
	artificate be executed within 24 haurs ophysician and campletally filled in by the please remarke caratan papers. Pagoval, and in any event, within 72 haurs	· ·	10. 0	TY OR TOWN OF DEATH A TONS VIIIC	11. NAME OF HOSPITAL OR IN give street address)		AL OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	PHYSICIAN: The law requires that the death certificate be executed within le haspital ar attending physician. his certificate has been signed by the attending physician and camplet∎ly fille stacked for use as the burial-transit permit. Then please rem∎ve car∎an po Dept. of Health priar ta burial, crematian, or removal, and in any event, within	77	13a		d lived, if institution Residence before 13b. COUNTY BAITO	13c CITY OR TOWN 3d. INSIDE CITY LI	MISS 13e. STREET AND NUMBER 3/2 MONTA	Pose Ave
	be exected and controls reminded in any	1	14. F	ATHERS NAME FIRST Joseph	Middle Last HA990	15 MOTHER'S MAIDEN NAME F	irst Middle	Last
	ificate nysician please al, and			WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SECURITY of artifolios of service)	NO. 17 INFORMANT FAVE LOWE MA	Address Address	
	th certifi ding phy . Then removal			IB. CAUSE OF DEATH (Enter only	one cause per line for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	he death ce attending permit. The			PART I DEATH WAS CAUSED	BY: TE CAUSE (a)		t distal	OCTATED AND LAND DEATH
	other attention of the series			4100	DUE TO, OR AS A CONSEQUENCE OF	15 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7/00	
	the the calif			Conditions, if any/which gove	(b) AR 1842	LOTER COLORE PA	MONE VESTERINE	,
	n. ny t ans			rise to immediate cause (a),(stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF			
	es t ikia ed k ed k			last.	(c)	MISENSE"		
	physician. signed by the atte burial-transit perr burial, crematian,			PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
	ng I ng I en s en s tab		z	4.				
	4: The law re ar attending te has been use as the alth priar ta		CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	206 IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
	The affe	X	EFF			YES MO	CAUSES OF DEATH?	
	AN: The law real of ar attending icate has been far use as the Health priar ta			2 a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. Manth Day Year		r nature of injury in Part 1 ar Part 2, It	em 1B)
	Siciliari Partification of Line		MEDICAL	flf either, natify medical examine	er) P.M 1	9		
			W	While Not while at work	OFFICE BUILDING, ETC.	(TORY.) 21f LOCATION Street or R.F.D. No.	•	County State
	After After I be constant			22a. I certify that (I) (this	hospitol) ottended the deceas	ed fram , 19	, ta, 19_	, that (I) (we) las
	ATTENDING stained by th CTOR: After t shauld be di			causes stated abave,	(I) (we) (did) (did-not) view the	9 and that in (my) (our) api	mon death occurred un the dai	e and note and nom me
	R ATTEL retaine RECTOR: 3 shaul with th			22b. SIGNATURE	- 110		22c. D	ATE SIGNED
	OR be r			· tolas	11/14 Clar In	DEGREE PHYS.	NED. STAFF DIRECTOR PHYS. D	78/68
	O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	t d		22d. PHYSICIAN'S NAME (Type)	N M I have	228 ADDRESS	ner arrian avo	11016281M
	OSS UNE portal		23n.	BURIAL CREMATION, 23b D	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
	Page Saje	A.	Z	REMOVAL (Specify) 5	11/68 LOR	RAINC	BAITIMORC	1 2 /
	VR A15 (- 30M REV. 1	68	24. E ¹	FUNERAL DIRECTOR	1 301 FRELERIC		Y REGISTRAR 256, REGISTRALS	SIGNATURE Judge
				- //2/	P.O.T.	The same of		



25076 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2a DATE KNOWN HEALTH DEPT 1 DECEASED NAME Month (Type or Print) Poge DEATH MATED 8AH 2c DATE PRONOUNCED DEAD 2d HOUR 70 BIRTHPLACE (State or foreign MAKERST WINEVER MARRIED 9 COUNTY OF DEATH 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working ife, even if retired } 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN Idd. INSIDE CITY LIMITS? 1 and 2 14 FATHER'S NAME The Anes. 16b SOCIAL SECURITY NO in pencil (Yes. na, or unknown) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 26 AJTOPSY? const. NO DE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING - Zwin. CAUSE OF DEATH 21f LOCATION Street or R F D. No. 21d NURY OCCURRED 21e PLACE OF HOLDRY (At hame, form, street, City or Tawn State factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X. Inquiry 💢, and in my opinion Notural couses , Accident X, Suicide , Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER APLES. ADDRESS(Street, city, tawn, or county) 50 BUR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) 912630



06675 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items#13a.c.e.Film#G400 5/23/68kmCERTIFICATE OF DEATH DECEASED-NAME Middle Inst 2a. DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month Day Yeor 5-15-68 Mamie W. Hammack 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF JNDER 1 YEAR IF UNGER 24 HRS lost birthdoy) U Female Sept. 28. 1891 YRS leose remove carban papers. F and in ony event, within 72 hour 7o BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED (votation) physician and completely filled in Virginia U.S.A. WIDOWED IX DIVORCED [Balto. 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12b. KIND OF BUSINESS OR Shady Nook Mursing Home during most of working life, even if retired.) INDHISTRY Catonsville 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. UNSIDE CUTY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO 🗆 Reedville Route 1 a. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Lost Last Laniaus B. Williams Corinna Haynie the ottending physicial o 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or unknown) Mrs. Len D. Lowry, RT, 1 - Reedville, Va. or removol, APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART | DEATH WAS CAUSED BY-BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) cremotion. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t burial-transit rise to immediate couse (a). signed by stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been os the 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO be detoched for use State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work 220. I certify that (1) (this hospital) attended the deceased from 4 2 , 1968, to 3 - 15 , 1968, that (1) (we) lost sow the deceased alive on 1968, and that in (my) (ever) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did-not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE director, poge 3 shauld be filed v 5-15-69 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 4116 236. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE 23d EOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Roseland Cemetery Reedsville. Va. 24. FUNERAL DIRECTOR 4.101 Edmondson Avenua DRESS 250 REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR A15 (4) 1968 Witzke Funeral Directors, Balto., Md. 21229 30M REV 1/68 DATE



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALPH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year 12b F
= 4 8 1 E	(Type or Print) Theodore A. Hannibal Sr. OF ESTI DEATH MATED Whole 24/1958/
5 F	3 SEX 4. RACE S DATE OF BIRTH 6. AGE (in years) IF JAMBER 14 MRS. 2c DATE PRONOUNCED DEAD 2d 1 AGE (in years) Minuted DAYS MONTHS DAYS MAIN MARKET.
y delly and PM3.	Male white May 3, 1905 63 YRS
	70 BIRTHPLACE (Stote or foreign 75 CIT-ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH/
form form	movement broken broken
after death 8 Give Pages 1, along with form with the State Deteath	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 120 USUAL OCCUPATION (Kind of work done) 12b KIND OF BUSINESS (during most of working life, even if refered) 1NDUSTRY
er d sive ng v n	Moenex Manor Road Carpentar Onstr.
hours after death Item 18 Give Pages Office along with for I and 2 with the State after death	odm ssion) STATE Md. 13b (OUNTY Balto. Phoenix YES NO NO Manor Road
haurs Item 1 Office I and 2 after d	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
24 in 1 r's (r's (Louis Hannibal Margaret Schultz
s certificate shauld be executed within 24 hours, writing the word "pending" in pencil in Item I farwarded to the Chief Medical Examiner's Office used as a burial-transit permit. File pages land 2 emoval, and in any event within 72 hours after a	[16b. WAS DECEASED EVER IN the S ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO 17. INFORMANT Fomily records
auld be executed wir word "pending" in pe he Chief Medical Exar ial-transit permit File ony event within 72	18 CAUSE OF DEATH (Enter only one couse per one for (a) (b), ono (c)) APPROXIMATE INTERVAL BETWEEN DASH AND DEL
e execute pending of Medica sit permit	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OYONDYY (6 USION SUDDICE SUDDIC
exe endi	DUE TO, OR AS A CONSEQUENCE OF
be l'p	Conditions, if on v, which gave trise to immediate cause (a), (b)
shauld be executed to word "pending" is on the Chief Medical burial-transit permit in ony event within	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
she v of the v the	lost. (c)
This certificate shauld cate, writing the word be farwarded to the C be used as a burial-tr removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
vritii varc ed c ed c	196 COND TON FOR WHICH OPERATION 20 AUTOPSY?
	196 DATE OF OPERATION 196. COND T ON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
INER: This e certificate, should be fuffles. 3 should be as a should be a shou	
INER: T to certific should b files. 3 should	PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH PM 19 21 NJURY OCCURRED 12 to PLACE OF INJURY (At home form street 21 LOCATION Street or R.F.D. No. 6th or Town County St
a de la serie la seri	Lastone office healther and
cessary, please execute the certice funeral director. Page 4 shauld may be retained far your files. FUNERAL DIRECTOR: Page 3 shauld prior to burial, cremation.	WHILE NOT WHILE of toctory, office building, etc.) AT WORK AT WORK
ICAL E: executor. Paged for crok: burial,	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry , and in my opi
e e e e e e e e e e e e e e e e e e e	death resulted from: Notural couses 4, Accident , Suicide , Homicide , Undetermined monner
lease direct direct birect birect raine	CHIEF MEDICAL EXAMINER
TY y, ple prol di tal bi tal bi	SIGNATURE 1 226 DATE SIGNED 226 DATE SIGNED
DEPUTY stessory, p e funeral may be r FUNERAL polith price	EXAMINER'S NAME (Type) Charles F. O'Donnell, N.D. Deputy MEDICAL EXAMINER ADDRESS (Street, city, town, or county)
o DEPUTY necessary, the funera 5 may be o Funera flegith pr	
	REMOVAL (Specify)
2	24 FUNERAL DIRECTOR ADDRESS 250, REC D BY REGISTRAR 25b REG STRAR S SIGNATURE
VR A15ME (5) 10M REV 1/68	John Durns Sons Towson DATE MAY 29 1968 Julianlas Judge

66.4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 2o, DATE OF DEATH DECEASED-NAME First 2b. HQUR funeral 1 and 2 er death. 24 hours after death (Type or print) Month 13Doy 1:40% CHAMBURS HARGREAVES MAY ARTHUR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS lost birthdoy) APRIL 18. 1895 MALE WHITE 7o BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED 1 NEVER MARRIED MD. (BALTIMORE) BALTIMORE. U.S.A. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. LSUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street address) HOUSTRY ine Co. With doring most of work no life, even (frefired) the attending physician ond completely sit permit. Then please remove carbon TOWSON or removal, and in any event, 130, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) 136 COUNTY YES 🛂 NO CARDIFF HALL TOWSON YORK RD. 2120 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Middle Last John F. Hargreaves Margaret 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Address Yes ho, or unknown) (Nexts give war or dates of service) Family records APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (6) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) PULMONARY EDEMA **burial-transit** rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been os the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO F far use Health r YES [21a, ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Doy Year ₹ (If either, notify medical examiner) P.M. be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I **certify** that (f) (this haspital) ottended the deceased from Nay 10 saw the deceased glive on Nay 13 19 68, and that in the 1968 to May 15 osed from couses stated above XI) (we) (did) (AIX (QI) view the body after death. 22c DATE SIGNED MAY 13, 1968 22b SIGNATURE MED. DIRECTOR directar, page 3 should be filed v DEGREE 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) YUSUP OH, M.D. 7620 YORK ROAD #21204 TOWSON. MD. 230 BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY DR CREMATORY 23d LDCATION (City or Town) (County) (Stote) Resville Manysonalus

256 REGISTRAR SYGNATURE

COTOAR 256 REGISTRAR SYGNATURE REMOVAL (Specify) 24. FUNERAL DIRECTOR John Burns Sons, Towson, Marylad 30M RE DATE



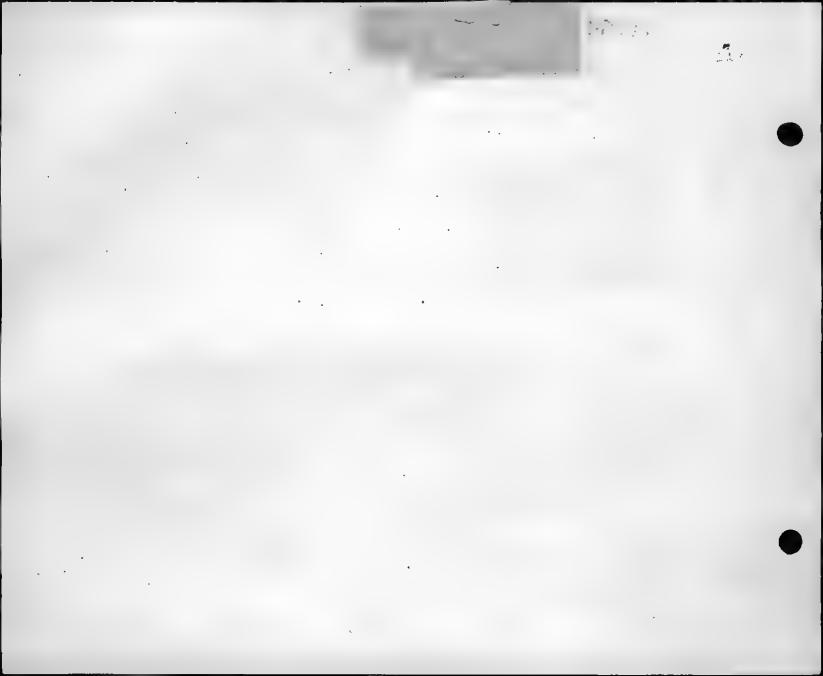
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Miodus zewski) DECEASED NAME 2g DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. ngest and Z (Type or print) HARNEY 200A M STEPHEN S. DATE OF BIRTH IF INDER I YEAR IF UNDER 24 HRS. 6. AGE (In years 3. SEX 4 RACE lost birthdoy) MONTHS I DAYS HOURS 9/29/07 WHITTE MATE 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED 📉 NEVER MARRIED 🗀 country) physician and completely filled in en please remove corban papers. signed by the attending physician ond completely filled in burial-tronsit permit. Then please remove corbon papers. burial, cremation, or removol, ond in ony event, within 72 h U.S.A. WIDOWED -DIVORCED [BALTIMORE MARYLAND 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) PRINTING ADMIN. HOSPITAL FORT HOWARD 13e STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d INSIDE CITY EMITS? 13c. CITY OR TOWN odmission) STATE
MARYTAND 13b COUNTY YES NO 6 S. CURLEY STREET BALTIMORE Middle 35 MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Maru Ann Milosek JOSEPH 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) 216 07 86 61 CLINICAL RECORDS. VAH. FT. HOWARD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA 1 WEEK IMMEDIATE CAUSE (o) . DUE TO, OR AS A CONSEQUENCE OF 2 MONTHS Conditions, if ony, which gove) CEREBROVASCULAR ACCIDENT rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Poge 4 may be retained by the hospital or attending physician. lost. 337x PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1(a) DIABETES MELLITUS: URINARY TRACT INFECTION CERTIFICATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 196: CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) PM. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (this hospital) attended the deceased from JAN 9, 19.68, ta MAY 18, 19.68, that (we) last saw the deceased live an MAY 18 1968, and that in tags) (our) apinian death accurred on the date and hour and from the O FUNERAL DIRECTOR: After saw the deceased live an MAY 18 1908, and that causes stated above. (we) (did) (dictant view the bady after death. director, page 3 shauld should be filed with the 22c. DATE SIGNED 22b. SIGNATURE MED DIRECTOR STAFF PHYS. ATTENDING 5 18 68 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) VAH. FT. HOWARD, MD. RODOLFO G. MIRO. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL, CREMATION, 23b. DATE BEHR YAL (Specify) BALTIMORE BALTO. NATIONAL CEMETERY MD. 250 REC'D BY REGISTRAR REGISTRAR & SIGNATURE 24 FUNERAL DIRECTOR 30M REV 1/68 JOHN MORAN FUNERAL HOME DATE



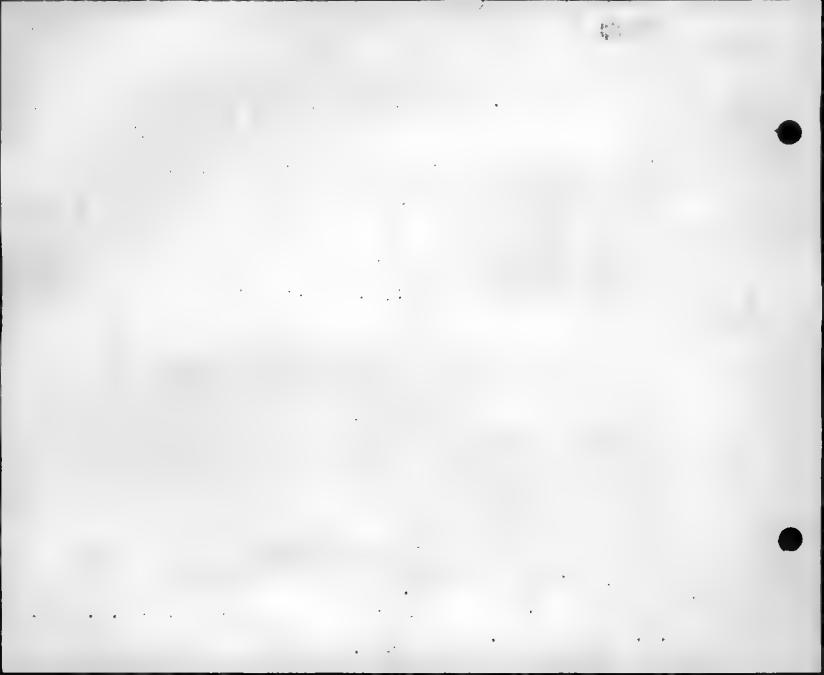
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 26673 135 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle lost 20. DATE OF DEATH 2b. HOUR TO requires that the deoth certificate be executed within 24 hours after death. put (Type or print) Month DOROTHY ISABELLE HARRYMAN MAY 5:00 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF HNOER 24 HRS. lost birthdoy) MONTHS HOLRS FEMALE WHITE SEPTEMBER 28.1907 60 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIEDEN NEVER MARRIED 9. COUNTY OF DEATH MARYLAND U.S.A. WIDOWED | DIVORCED [BALTIMORE. the ottending physicion and completely filled sit permit. Then please remove carbon pape TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
ST. JOSEPH HOSPITAL during most of working fe even if retired.)
HOMEMAKER IND!ISTRY TOWSON 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY odmission) STATE MAR YES 🔀 NO Baltimore 3133 NORTHWAY any 14. FATHER'S NAME Stegley IS MOTHER'S MAIDEN NAME First Inst Helen Chandler and in 17. INFORMANT Pasadena Md. 21122 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of service 217-03-3709 Yes, no, or unknown) James Harryman, son, Rt. 1, Box112D APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Intra-cerebral hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove? burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been d far use as the of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES IX NO M 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INUIRY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) Uirector, page 3 shauld be detache, should be filed with the State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AF HOME, FARM, SIREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram MAY 19 , 1968 , ta MAY 20 , 19.68 , that (II) (we) last saw the deceased alive an MAY 20 , 19.68, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an. WAY 20 19 68, and that causes stated abave, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. X May 20, 1968 DEGREE PHYSICIAN'S Ines Cilliani, 7620 York Rd., Towson, Md. 21204 NAME (Type) 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 5/23/68 25b. REGISTAR'S SIGNATURE Meadowridge Mem. Park Baltimore, Md. 24 FUNERAL DIRECTOR SCHLIMONE FUNERAL Home, ADDRESS Inc. 2So. REC D BY REGISTRAR 3331 Brehms Lane



./ 1		MARYLAND STATE DEPARTMENT OF HEALTH	
		26680 DIVISION OF VITAL-RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE 🛒		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	36
HEALTH DEPTE	1. D	ECEASED-NAME First Middle Last SR 20 DATE KNOWN Manth Do OF ESTI-	. 50
y is 3 to age	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (in years F under I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d. HOUR
y delay is and 3 to PM3. Page artment at	3 3	MONTHS DATE PROJUCTION DEAD STATE PROJUCTION DEAD MONTHS DAYS HOURS MAN MONTHS DAY 3/	Year 196 8 9 5 M
1, 2, 2, m	7a 1	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1
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after death 8 Give Page alang with with the Starleath	B ", "	Contact forum, Mex give Treet address) Co. Frizac duringmost of working the even if retired) NO USUAL RES DENCE, (Where deceased lived, f institution Residence before 13c. CITY OR TOWN 13d. Misroe CITY Limits? 13e. STREET AND NUMBER ;	STAL BY WAS
s af 18 18 alc dea dea	0		ny Poace
them 11 Office I and 2 v	14. F	ATHERS NAME) First Middle Houtson Is MOTHERS MA DEN NAME FIRST White And Whittingto	Lost
d be Executed within 24 d'orpending" er percit in Chief Medical Examiner's transit permit. File pages 1 y event within 72 haurs or		WAS DECEASED EVER IN U.S. ARMED FORCES? 1366 SOCIAL SECURITY NO 127 INFORMANT ADDRESS 5	effenyed
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shapld be not mad the chief. burial-transit		rise to immediate couse (o). (b) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shabld ne mard to the Ch burial-tro		lost. (c)	
its certificate shape, we find the informated to the used as a bur remaval, and in	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
te, writ farwar farwar re used remava	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This icate, be fa	RTIFI(AEZ 🗌 MO 🚍
	MEDICAL CE	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M P.M. 19 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item PRIMARY OR CONTRIBUTING P.M. 19	18.}
3.33 ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±	MED	CAOSE OF STATE	County State
		AT WORK AT WORK	
E X UT D E		22o. I certify that I took charge of the remains described above, held an Autopsy, Inspect on A, Inquiry, death resulted from: Natural causes A, Accident, Suicide, Homicide, Undetermined manner	ond in my opinior
a # ii.e % s		CHIEF MEDICAL EXAMINER	5/2.1.
EPITY SSSOry. p funeral ay be re UNERAL Ith pria		SIGNATURE COMPANY ASSISTANT MEDICAL EXAMINER 220 DATE SIGN	NED 377 CS
■ 2 0 E = 2		NAME (Type) Sames N. Frederick ADDRESS(Street, city town, or county) Balto	n 2120
50 mm v	230	BURIAL CREMATION: 23b DATE 23c NAME OF CEMPTERY OR CREMATORY 23d. LOCAT ON (Giry or Igwn) (Co	(State)
VR A15ME COL	24	FUNERAL DIRECTOR BY REGISTRAR S SIGN ADDRESS COMMENT OF THE PROPERTY OF THE PR	NATURE
10M REV 1	_	Rise Callstone. My Date	



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
10		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2 2 y
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2 1
HEALTH DEPT.		Type or Print) CL, FTON /SIAIH HAYNES 20 DATE KNOWN MONTH DO OF ESTI- DEATH MATED MAY	20 168 8 30
t ment	3 5	A RACE 5 DATE OF BIRTH 6 AGE (in years if UNDER 1 YEAR IF JUNDER 24 HRS 2c DATE PRONOUNCED DEAD 17-26-04 2 YRS HOURS MINN. MONTHS DAYS HOURS MINN. MONTHS 24 HRS 2c DATE PRONOUNCED DEAD 2 YRS	Year 1968 11 2 House
Dod La	7o.	BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED MEVER MARRIED 9 COUNTY OF DEATH	
Pages Am far	10. (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 112	L KIND OF BUSINESS OR
the f		BALTIMORE 1- 323 OVERBROOK RD - PROPRIETOR - PIXIE SHO	POF COCKEYS
-		USJA. RESIDENCE (Where deceosed lived, if institution: Residence before 13k. CITY OR TOWN 3d INSIDE CITY JIM 157 13b. STREET AND NUMBER dm'ssion) STATE MG. 13b COUNTY BACTO. B. ACTO. YES NO 523 OVER B.	ROCK ROAD
haurs Item 18 Office Iond 2	14. F	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	lost
24 in li r's C r's C rs o		LUCAS HAYNES RUTH MI	LBU
thin nine poge hou		WAS DECEASED EVER IN U.S. ARMED FORCES? (bs. no, or unknown) (If yes give wore defres of service) 217-14-3899 MRS. MARV E. HAVNES	(SAME)
be executed wit "pending" in pe rief Medical Exan ansit permit. File event within 72			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed d "pending" in Chief Medical E transit permit. I y event within	1	1B. CAUSE OF DEATH (Enter only one couse perme for (o), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) FULMOWARY EMPHYSEMA	10 YR3
e execuing pending of Medic		472 X DUE TO, OR AS A CONSEQUENCE OF	
be 'pe 'ief		Conditions, if ony, which gove	
~ ± cod ~ ~		rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF	
should be end word were to the Chief I burial-transit		lost (c)	
ertificate sh writing the worded to sed as a bu oval ond ir		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
verificate verifing the rworded to seed as a nooval ond	z		
	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
# # # # A	Ě		YES 🔲 NO 🛂
#		216 EXTERNAL CAUSE WAS 216. TIME OF IN. JRY Month, Doy, Year PRIMARY OR CONTRIBUTING 10 FOOT 2, Item HOUR A.M. 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	18)
verification of tron, or	MEDICAL	CAUSE OF DEATH P.M. 19	
EXAMINER: The cute the certification of a should be a your files. Poge 3 should be to come the complete of the	×	21d. NJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, at work at	County Stote
		22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	and in my apiniar
ICAL E executor Portor Portor Portor CTOR:		death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner	7
as a signated as the signature of the si		CHIEF MED CAL EXAMINER	-
		SIGNATURE WILLIAM ASSISTANT MEDICAL EXAMINER 22b. DATE SI	ENEDY /
cessory, re funeral may be refuneral funeral colth price		EXAMINER'S / DEPUTY MEDICAL EXAMINER S	120/68
necessory, the funeral 5 may be of FUNERAL Heolth prid		NAME (Type) No 12 LIAM IT. FILLS BLRY ADDRESS STEED CITY, TOWN TO POURT OF	/ /
5 # 2 5 # 2 5 # 3	230		ounty) (State)
200		Burial 5/23/68 Lorraine Park Woodlawn, Balto.	
(21)	24. H	FUNERA. DIRECTOR W. Jenkins Sons Co. 4905 York Road ADDRESS AMAY 2 1 1969 Climbs	SNATURE
10M REV 1/64		. W. Jenkins Sons Co. 1905 York Road DAMAY 21 1968 Follows	10



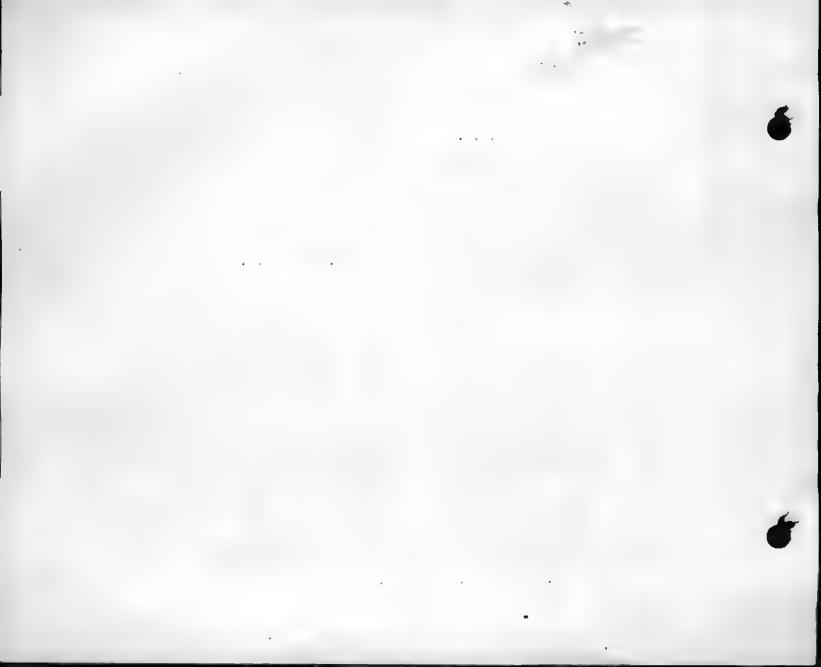
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	284							
HEALTH DEPL	1. DECEASED-NAME First Middle Last Zo DATE KNOWN Month Day Ye	eor 2b HQUR							
in a second	(Type or Print) George Allen Heisterman OF ESTI- DEATH MATED 5-28	18 102 N							
	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years F DINDER 1 YEAR F UNDER 24 HPS 22 DATE PRONOUNCED DEAD NON-HPS DAYS HOURS MIN. Month Mont	2d. HOUR							
PM3.	Male Caucasian 6-14-06 61 YRS 990 990 990 990 14	18 1-PM							
	country) Maryland U.S.A. WIDOWED DIVORCED Baltimere	20.							
ages ages in fo	10. CITY OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND O	F BUSINESS OR							
24 hours after death in Item 18. Give Pages ris Office along with fages i and 2 with the State rs ofter death.	Middle River Give street address Hickham Rd.								
s after 18. Gn e olong 2 with death.	13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER Odmission) STATE 13b COUNTY								
hours of them 18 Office of ond 2 w	Maryland Baltimere Middle Hiver & " IO E. Hickham Rd.								
hours Item Office Iond2	14. FATHER'S NAME First Middle East 15. MOTHER'S MAIDEN NAME First Middle Charles W. Heisterman Luella R. Hutchinsen	Lost							
thin 24 not to niner's pages hours	166 WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS								
s certificate should be executed within 24 hours after death e., writing the word "pending" in pencil in Item 18. Give Pages farwarded to the Chief Medical Exominer's Office olong with for used as a buriof-transit permit Fire pages I and 2 with the State smoval, and in any event within 72 hours offer death.	(Yes, no, or unknown) (If yes give war or dates of service) Miss Emma Hutchinson Same								
ed v	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	OXIMATE INTERVAL I ONSET AND DEATH							
be executed "pending" in hief Medical E ansit permit F event within	PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (FO H-S-C-V- DISEAS								
e ex penc ef M sit p	Canditions, if any, which gave) Oue TO, OR AS A CONSEQUENCE OF BOWS.	1050							
ould b vord " ne Chii of-tran	rise to immediate cause (a), (b) DUE TO, OR AS A CONSPONENCE OF								
e should be e the word "per to the Chief I b buriol-transit id in ony even	lost.								
certificate should writing the word irwarded to the Cl used as o buriot-tra noval, and in ony	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
vertificat writing rwarded rsed as c	O 10 DAY OF OPERATOR 100 CONDITION CON MARKET OFFICE OF THE OPERATION	700000							
This certificate, writing for farwar	WAS PEPENDAMD?	TOPSY?							
		,							
	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 21d INJURY OCCURRED 22ie PLACE OF INJURY (At home, form, street) 21f LOCATION Street or R.E.D. No. City or Town County								
KAMINER: te the certifies of the shauld your files. age 3 should cremation,	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.E.D. No. City or Town County factory, affice building, etc.)	State							
EXAMINER: cute the certiage 4 shauld ryour files. Page 3 should, crematian, I, crematian,	AT WORK AT WORK								
Cessory, pleose execut e funerol director. Pag may lle retoined far y FUNERAL DIRECTOR: P		in my apınıar							
pleose a directo retoinecto.	death resulted fram: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined manner []								
Ty pleose y, pleose frol direction (AL DIRE	ACTUAL CHIEF MEDICAL EXAMINER () 226 DAJE STOYLED	1							
DEPUTY seessory, ie funerol may lle FUNERAL softh pri	SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 1220 USA SIGNATURE	168							
necessory, the funerol 5 may lie of EuneRAL	NAME (Type) Dr. Melvin Davis M.D. ADDRESS(Street, city, tawn, ar county)								
5 g = ~ 5 3	230. BURIA., CREMATION, REMOVA., Specify) 8 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) County) REMOVA., Specify 8 1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(State)							
V	Burial 0/1/00 Louden Pk Balto Md 24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE								
VR A15ME (5) 10M REV 1/68	Leenard J. Ruck, Inc., 5305 Harford Rd. MAY 31 1968 gclientes yes	· Ser							



					MARYLAN	D STATE DE	PARTMENT OF H	EALTH	-	
-	1			20000 DIV	ISION OF VITAL RECORDS,	301 W. PRES	TON STREET, BALTI	MORE, MARYLAND 21	201	
				116683	(ERTIFICAT	TE OF DEATH			133
E	-24			CEASED-NAME First	Middle	, 1	Last	2a. DATE OF DEATH	- 3/"	26. HOUR
death	ded ded		Ļ	pe or print) George	a	Nelle	28	Manth 3	Day 3 / Yeor (M M
after	是一		3. SE	4.	RACE	5. [DATE OF BIRTH	6. AGE (In ye last birthdo	edrs if under I Year V) MONTHS DAYS	
S	學是			male	While	Z	Sec-2 188	59 78	YRS.	TIOURS IMIT.
± ours	5 B		7o. B	IRTHPLACE (State or foreign 7b (CITIZEN OF WHAT COUNTRY?	8. Married 🔲 I	NEVER MARRIED [9. COUNTY OF DEATH		
\$	16.3°			10WA	USA	WIDOWED		BALTIMO		Md.
requires that the death certificate be executed within-	May be retained by the haspital of attending physician. RAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in the page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban parties be filled with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 hau	20	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street address)	•	hospitol 12a. USUA	L OCCUPATION (Kind of wark ist of working life, even if re	c dane 12b. KIND 0 stred.) INDUSTRY	OF BUSINESS OR
× ×	rbair v v	14	120	USUAL RESIDENCE (Where deceased liv	Summit NEI	PSING /		st of working life, even if re		nory
Detr	nple e ca	J.	admi	TATZ (noise	Bb. COUNTY	136. (111 0) 101		130 STREET AND NUM 5/14 Pub		DA
xec	car nav	1		TOU PLAINFIELD RE	Middle Last	IS MI	OTHER'S MAIDEN NAME FI		:ddle	Last
96	and rem in an	1	4	1 - 11 - 0 -	2.7	ER	ELIZABE		D =	- 1 /
ie l	physician o nen please aval, and ir			WAS DECEASED EVER IN U.S. ARMED F	ORCES? 16b. SOCIAL SECURITY N	0 17. INFO			dress 2/3	226
ij	lo c		Υ.	es, no, or unknown) († yes give war or do	10s of service) 2/6-54-7/	1101miles	ROBT HAL	771502-1316 M	VODLEF I	WD RD
Ger	e attending phy permit. Then j			18. CAUSE OF DEATH (Enter anly one	e cause per line for (a), (b), and (c).				APPRO)	XIMATE INTERVAL I ONSET AND DEATH
ath	ndir it.			PART 1. DEATH WAS CAUSED BY IMMEDIATE CA	USE (a) Hydron	entero	in with	chronic a	ween.	- Land Booking
e d e	atte oem an,				DUE TO, OR AS CONSEQUENCE OF	1				
#	sit j			Conditions, if any, which gave a rise to immediate cause (a),	(b) Preuno	ne				
후	lan. by the transit p cremati			stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			T30 #1		
ires	pnysician. signed by burial-tra burial, cre			iast.	() URENARY					
nbal	sig bull			PART 2. OTHER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO TH	IE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(a)		
<u>≥</u>	ding seen the ar to		NO!	19a, DATE OF OPERATION 19b, COND	ITION FOR WHICH OPERATION WAS PER	PEADMED I	20a. AUTOPSY?	20% IE VES WEDE EIN	IDINGS CONSIDERED IN	CERTIEVING
9	arren has I se as h pri		CERTIFICATION	TAL DATE OF OPERATION THE COND	HION FOR WHICH OF ERAHON WAS FEE	TOKINLD	YES NO P	CAUSES OF DEATH?	DINOS CONSIDERED IN	CERTIFITIO
= 1	e te de la		CERT	21a. ACCIDENT WAS UNDERLYING	215 TIME OF INJURY	21c HOW 1		nature of injury in Part 1 or	Port 2, Item 183	
CIAN CI	aspiral ar certificate hed far u t. af Heal		MEDICAL	DR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Month Day Year P.M. 19		V		,	
PHYSICIAN: The	his certi tached Dept. af		WED	21d INTURY OCCURRED 21a PLACE		IORY.) 21f LOCAT	TION Street or R.F.D. No.	City or Town	County	State
	this this leta			While Not while at wark	OFF OF BOILDING, ELC					
ENDING	ffer be c			22o. I certify that (I) (this ho		d from	, 19	, ta	, 19, tha	at (I) (we) last
	R: A			sow the deceased alive	on	9, ond th	not in (my) (our) opir	nion death accurred on	the date and have	r and from the
AT.	ECTOR: A shauld with the			22b. SIGNATURE COVERS	G +OR T', ROACH	7,40	,		22c. DATE SIGNED	
	be retained b DIRECTOR: Afi ge 3 shauld b iled with the Si			9. Vara Ps	o this	DEGREE	ATTENDING MI PHYS. DI	ED STAFF PHYS.	15/31/6	2
AL.	Pod Pod	- 1		22d. PHYSICIAN'S	501-101	1	22e. ADDRESS (80	IFREDERICE		
SPIT	4 may IERAL Tor, po			NAME (Type) E LA	SAITI'S, M.	()	BALTIN	ORE, MB	21228	
O HOSPITAL	rage 4 may O FUNERAL director, po		230.	BURIAL, CREMATION, 236 DATE		EMETERY OR CRE		23d LOCATION (City or Tow		(State)
2	20/1	1	00	12012/12 0/3		coup by	VELLO ILVER			2)
	VR A15	68	24.	FUNERAL DIRECTOR	ADDRESS	17 1 #	2Sa. REC'D BY		ISTRAR'S SIGNATURE	4.0
	##*** TALE 77	-	V	UVICION PUNEJOI	16 140115-7210	BELAIN	P PO DATEJUN	3 1968 20	lionly Ju	



MARYLAND STATE DEPARTMENT OF HEALTH



· MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301.W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06685 1. DECEASED NAME Middle Last 20. DATE OF DEATH 2b. HOUR First requires that the sleath certificate be exempted within 28 hours ofts. (Type or print) May 5. Months Eleanor Kreinheder Hemmeter 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNCER 1 YEAR last birthdoy) physicion and completely filled in by the en please remove corbon papers. Poger March 3, 1881 Female W 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) U.S.A. DIVORCED WIDOWED K N. J. County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Chapel during most of working life, even if retired) INDUSTRY Magaziondicidockycho 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Md 13b. COUNTY YES X NO Jessup 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Louis Reinsch Eleanor Koch Address Book 380 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) Mrs. William H. Engelhaupt, Jessup, Md 220-22-9867 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) (c).) (h), ond (c).) Conditions, if only, which gave) burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CERTIFICATION

the Heolth prior to has been IO FUNERAL DIRECTOR: After this certificate

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY CAUSE OF CEATH HOUR A.M.

19o. DATE OF OPERATION

21d. INJURY OCCURRED

While Not while at work

BURIAL, CREMATION,

BUILT (Specify)

(If either, notify medical examiner)

21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. Mo.

NO 🖂

City or Town

CAUSES OF DEATH?

County Stote

22a. I certify that (1) (this haspital) attended the deceased from 3 - 1, 19 - 0, to - 19 - 0, that (1) (we) last saw the deceased alive an 19 - 5, and that in (my) (aur) apinian death accurred an the date and hour and from the (ause) stated a pave, (1) (we) (did) (gid not) view the body after death. 72b. S THATURE

P.M.

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

DEGREE

Woodlawn Cemetery

ATTENDING PHYS.

20a. AUTOPSY?

YES |

MED. DIRECTOR

STAFF PHYS.

22c, DATE SIGNED

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

NAME (Type) R. V. Honch Jr. M. D.

22e. ADDRESS Sykesville, Md. 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) Balto .. Md.

(County) (Stote)

5-8-68 24. FUNERAL DIRECTOR 4101 Edmondson Avante Witzke Féneral Directors, Balto., Md. 21229

23b. DATE

250. REC'D BY REGISTRAR 8 1968

VR A15 (4) 30M REV. 1/68



. 1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 1 7
HEALTH DEPT.	1. DECEASED-NAME Frst Middle Lost 20. DATE KNOWN Month D	loy Yeor 2b HOUR
oy is 3 to a ge	(Type or Print) Kernit Laban Hershey Jr. OF ESTI- May	
and 3	SEX 4. RACE S. DATE OF BIRTH 6 AGE In yours F. Under 1 YEAR IF UNDER 24 HIS 20 DATE PRONOUNCED DEAD Month May 20, 1944 lostylghday) MONTHS DATS HOURS MIN. Month May Day 20,	Year 1968 5A M
form form	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED (9 COUNTY OF DEATH STUDION OF DEATH WIDOWED DIVORCED Baltimore	Mc
after death. 8. Give Poges 1, olong with form with the State Deeth.	Reisterstown Reinster Road duranthing Revolution !!	26 KIND OF BUSINESS OR IDUSTRY
s after 18. Give e olong 2 with death.	130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence betwee 13c CITY OR TOWN odmission) STATE Md. 13b COUNTY (arroll vestminster YES ♥ NO □ 26 Webster Street	et
24 hours after death in Item 18. Give Pog is Office olong with 5s 1 and 2 with the Stars after death.	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Kernit L. Hershey Sr. Margaret	Brown
v'thin pencil aminei e page	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes. na. or unknown) 63-66 or dates of socree) 218-40-8845 Mr. Kermit L. Hershey Sr. Westmir	
ed v in 1 I Ex II Ex	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecut ling edia ermi with	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Drowning (auto ran thru guard rail)	15 min.
e ex pend ef M sit p	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	
This certificate shauld be executed cote, writing the word "pending" in be forwarded to the Chief Medical E. be used as o burial-tronsit permit F. ir removol, and in ony event within	rise to immediate cause (a), (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sha ne w o th buric	last. (c)	
This certificate icote, writing the be forwarded to do be used as o b ar removol, and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certif orwan used (movol	9 19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20 AUTOPSY?
This cricote, y be for all be use	WAS PERFORMED?	YES NO NO
編 写 号	210 EXTERNAL CAUSE WAS	18) Ran thru er.
CAM ie th rour age crem	2 d INJURY OCCURRED 2 To PLACE OF INJURY (At home, form street, at work at wor	Caunty State Md.
exector. Por. Por. Por. Por. Por. Por. Por. P	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , Inquiry , death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner	ond in my opinion
lease direction to the total	CHIEF MEDICAL EXAMINER	
o DEPUTY Discussion of the funeral directs on the funeral directs on the funeral directs of the funeral direct of the funeral directs of the funeral direct directs of the funeral directs of the funeral direct directs of the funeral direct directs of the	ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATE SI EXAMINER'S DEPUTY MEDICAL EXAMINER 5-21	GNED 0-68
o DEPUTY The funers S moy be O FUNERA	NAME (Type) D. D. Caples, M. D. 6 Hanover Redores (Real species town), Md.	
5 = = ~ 5 ± (Burial May 22,68 Evergreen Memorial Finksburg, Md.	ounty) (State)
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGN OF SIG	_



Jarrettsville, Md.

2Sq. REC'D BY REGISTRAR

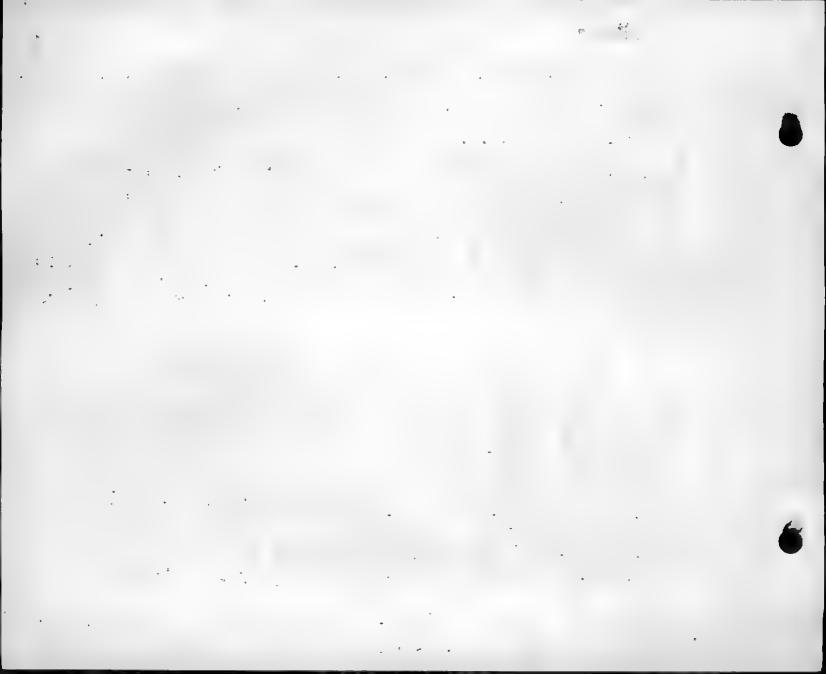
DATE

Milarles

24 FUNERAL DIRECTOR

Charles E. Kurtz

30M REV, 1/68

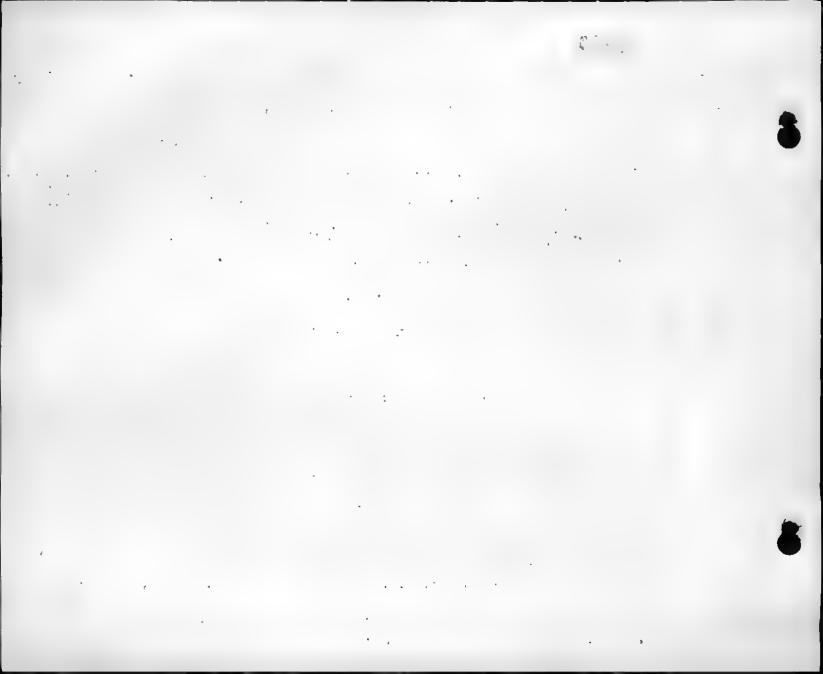


MARYLAND STATE DEPARTMENT OF HEALTH 36688 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEALTH DEPT Middle 20 DATE KNOWNE DECEASED NAME 25 HOUR Year (Type or Print) ESTI-Page 5 BERNARD DEATH MATED CLAUDE HILLSINGER 5:00 4 PACE 3 SEX 5 DATE OF BIRTH 6. AGE fle years 2c. DATE PRONOUNCED DEAD 2d. HOUR pup Manth June 14,1912 Male White 19 68 5 . DOD Mav 7o. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) forwarded to the Chief Medicol Examiner's Office along with form Pa. DIVORCED [U. S. A. WIDOWED [Baltimore Give Pages 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a USUA, OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 2b. KIND OF BUSINESS OR give street address! during most of working life, even if retired) INDUSTRY I and 2 with the Brick Mason Wood Lawn Dogwood Rd. & Rolling Rd 13d INSIDE CITY EMNITS? 136 STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 136 COUNTY YES NOTES 1215 Stella Dr. in Item 18. Balto. hours 15 MOTHER'S MAIDEN NAME 14. FATHER S NAME Claude V. Hillsinger Nellie E. Hillsinger be executed within 24 pages hours 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO 17. INFORMANT pencil (Yes, no, or unknown) 579-09-6490 Mrs. Charolotte Hillsinger Balto Yes APPROXIMATE INTERVAL event within IB CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY CAUSED BY Hypertensive arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave rise to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause £ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) GS (removal, 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, NO XX pe Ь 21g EXTERNAL CALSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) 3 should 4 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.E.D. No. City or Town State County may be retained for your FUNERAL DIRECTOR: Poge factory, affice building, etc.) WHILE NOT WHILE AT WORK 220. I certify that I taok charge of the remains described above, held on Autopsy Inspection XX Inquiry | and in my opinion the funerol director. Suicide | Homicide Undetermined monner death_resulted from-Notwrol causes XX Accident . CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER 22b. DATE SIGNED ä O DEPUT DEPUTY MEDICAL EXAMINER 1968 5 may 1 10 FUNE Fealth **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, or county) Edward F. Wilson, M.D. 23c NAME OF CEMETERY OR CREMATORY 23a. BUR AL, CREMAT ON 23d LOCATION (City or Town) (State) REMOVAL (Specify)
Burial Lorraine Park Cemetery 24. FUNERA, DIRECTOR 250 REC D BY REG STRAR Edmondson Avende 256 REGISTRAR'S SIGNATURE Witzke Funeral Directors, Balto., "d. 21229 (Klean in



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	(1)	41	,	08689	(ERTIFICATE OF DEAT	Н	3 3 1
÷	-12 E	オ		CEASED-NAME First	Middle	Last	20 DATE OF DEATH	72b.3HOUR
death	9 E 9	- 1	{1	(pe or print) FELT	X F	HOERNIG	May 18	1968 11:49
	37		3. SE		4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN
19	- B.			Male	White	January 👪	1901 67 YRS.	NOTICE OF S POOLS IN IN
aur	a on				b. Citizen of What Country?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
4 h	d in 6 pers. 72 hou		COUN	Maryland	USA	WIDOWED DIVORCED	Baltimore	
thin 2	ely filled is oan paper within 72	8	10. C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS give street oddress) St. Joseph	ITUTION (If not in hospital 120 durin	USUAL OCCUPATION (Kind of work doneing most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY Western Elec
×	orbd Trbd,	1	130	TOWSON	d lived, if institution: Residence before		CITY LIMITS? 13e. STREET AND NUMBER	
cuted	completely filled nove carban pape iy event, within 7	3	odmi	ssion) STATE Maryla	Baltimore	YES [1000 0000000000000000000000000000000000	land Ave.
e exe	cian ond co	<u> </u>	14. F	ATHER'S NAME First	Middle Lost	IS MOTHERS MAIDEN NAM	1 to	Lost
requires that the death certificate be executed within 24 haurs after a physician.	ortending physician ond campletely fremit. Then please remove carbanon, or removal, and in any event, with	ł	160. Y	WAS DECEASED EVER IN U.S. APME es, ng_grupknown) (If yes give wor		0/ 17. INFORMANT /	Address V	5-2
Ë	phy:		_	1790	or dates of service) 2-15-03-9	654 KATLERI	Ne 11. HOERNIG	APPROXIMATE INTERVAL
th ce	ending phy nit. Then or remova				rone couse per line for (o), (b), and (c). BY: E CAUSE (a) <u>Atrial Fibr</u>			BETWEEN ONSET AND DEATH
deo	ottendi permit. ion, or re			1412 9 IMMEDIAT	DUE TO, OR AS A CONSEQUENCE OF	TITACION		
the the		- 1		Conditions, if any, which gove	•	erotic Heart Dise	2856	
to d	by the ransit cremat	ı		rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF	10010 110010 2100		
icia;	유는 그 그는 그	ı		stating the underlying cause last.	(t) <u> </u>			
quir	signed by the burial-transit burial, cremat	- 1		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(0)	
ng /	the trick	- 1	Z.	4 x60	Pulmonary I	imbolism		
e lav	s b os prio	2	CERTIFICATION	190 DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
1.0	icate ho for use Health	۷	ERTH	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		(Enter nature of injury in Port 1 or Port 2, It	18 l mat
PHYSICIAN: e hospital ar	ficate for us			OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Month Day Year		temes motore of sulpry as Fost 1 of Fost 2, 11	eni 10. <i>j</i>
/SIC	is certi toched tept. a	П	MEDICAL	(If either, notify medical examine 21d. INJURY OCCURRED 21e P	P.M. 19 PLACE OF INJURY (AT HOME, FARM, STREET, FAC		D. No. City or Town	County State
PH the	this detoc			1100 1100			•	,
N A	fter be Stat	- 1		22a. I certify that (I) (this	haspital) attended the decease	d from March 11	19 <u>68</u> , ta <u>Nay 18</u> , 19) apinian death accurred an the dat	ර්රි , that (I) (we) la
ATTENDIN toined by	Mr. A	Н		saw the deceased all causes stated abave.	ve an	oody after death.) apinian death accurred an the dat	e and navi and irain in
ATI	6 등	- 1		22b. SIGNATURE	(7) (1-2) (1-2)		22c D	PATE SIGNED
8 8	DIRE 3e 3 led w			Compate	libanom d.	DEGREE PHYS.	MED STAFF Ma	y 18, 1968
O HOSPITAL OR	Po po	,		22d. PHYSICIAN'S NAME (Type) Eduar	do Nontelibano, M.	22e. ADDRESS 76.20	York Rd., Towson, Md	1. 21204
0SP	director,		230	BURJAL (REMATION, 235 D.		EMETERY OR CREMATORY		(County) (State)
Pode /	الم الم الم		200.	REMOVAL Specify L Mr.	12.1967 /AR	.Kwoob	BALIU	Ma
	VR A15 M	17	24	FUNERAL TIRECTOR 1911 + ST	m 8802 HADDRID	ad Pol 250 RE	COTBY REGISTRAR 25b. REGISTRAR'S	SIGNATURE Judge



CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type or print) HOLTHAUS Joseph J. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years TE UNDER 1 YEAR last birthday)
50 YRS. MONTHS Male White November 18, 1911 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED WIDOWED DVORCED (Shutta) Baltimore. U.S.A. Maryland ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
ST. JOSEPH HOSPITAL Supervisor-Painter Martin Co. Towson 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d. INSIDE CITY LIMITS? 130. STREET AND NUMBER 13c CITY OR TOWN ndmission) STATE 13b COUNTY 118 Leslie Ave. Baltimore 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle Jacob Holthaus Barbara Messner Address 21206 17. INFORMANT 16b SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? If yes give wor or dottes of service) 214-01-6086 Yes, no. or unknown) Walter Holthaus, 4852 Hazelwood Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Generaliz BETWEEN ONSET AND DEATH Generalized Peritonitis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Dehiscence of enteroanostomosis rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? May 9,1968 Carcinoma of bladder YES DE NO [21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Manth Day Year P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (X) (this haspital) attended the deceased from May 6. , 19 68 , ta May 21. , 19 68 , that (A) (we) last saw the deceased alive an May 21. 19 68 , and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above, (I) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. May 21, 1968 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Reynaldo Orjuela Gomez, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL, CREMATION, 23b. DATE (County) (State) BMOY-L'BETY) 5/25/68 Gardens of Faith Baltimore, Md. 24 FUNERAL DIRECTOR
Schimunek Funeral Home, Inc.
3331 Brehms Lane 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the Ashayld be filed with the State Dept. at Health priar ta 1

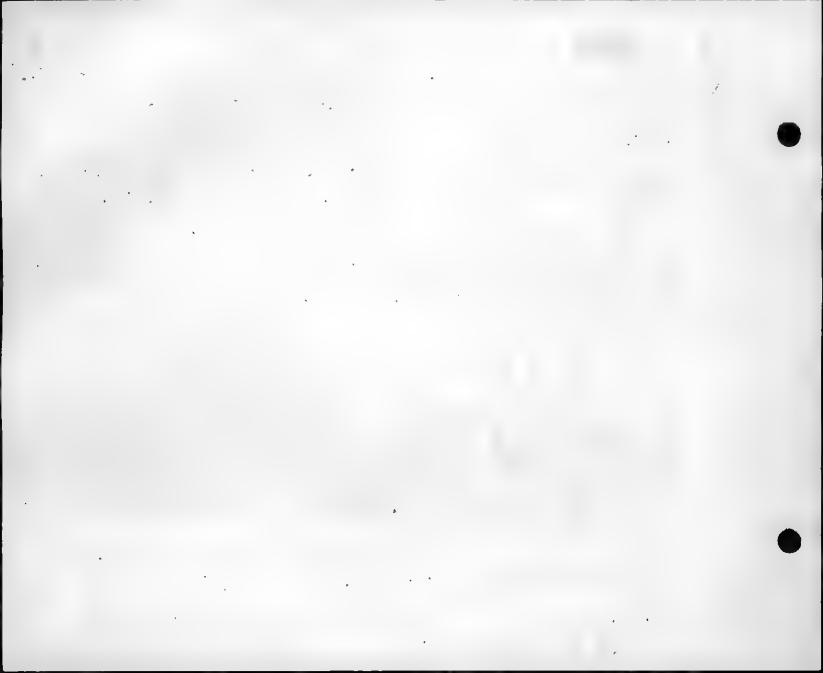
requires that the death certificate be executed within 24 haurs after death.

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the attending physician and campletely filled sit permit. Then please remave carban pape

burial-transit permit. Then please remave carl burial, crematian, ar remaval, and in any event,



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

36698

			,	EKITICA	AIE OF	DEATH				***		
	CEASED-NAME First		Middle	<u> </u>	Lost		20 DATE OF			٧.	2b. HOUR	
Į,	ype ar print)	EDGAR	Joseph		OWELL			Month May	21	, 1968	12p.3	
3 SE		4, RACE			S. DATE OF BI			6 AGE (In years last bythday)	Ni.	IF UNDER 1 YEAR NONTHS DAYS	F JNDER 24 HRS.	
M	ale	White			May 2]	., 1968		Newborn	DE S. "	VIII VIII	3 23	
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT		8. MARRIED			9 COUNTY OF					
M	aryland	U.S.A.		WIDOWED		CED 🗌	Balti				Md	
	ITY OR TOWN OF DEATH OWSON	give stre	E OF HOSPITAL OR INS en oddress) OSEPH	HOSPIT	,	during m	AL OCCUPATION est of working A	(Kind of work d life, even if retir	ed)	12b. KIND OF INDUSTRY	BUSINESS OR	
13ი იძლ	USUAL RESIDENCE (Where deceorssion) STATE arvland	sed lived, if institution 13b. COUNTY	Residence before	13c CITY OR Balti		YES NO		REET AND NUMBER		גם רו		
_		34.14				_		Midd		II M.		
4. 1	ATHER'S NAME First	Middle	Lost	C 0 12	MOTHER 2 MA	AIDEN NAME I		Milda	ie	0	Lost	
	William Was Deceased Ever In U.S. ARM		Howell 6b. SOCIAL SECURITY N		FORMANT	عل	1766	Addre			Hara	
		view or dictes of service)	on sociac secokiti i		MRS	WMW	. HOWEL		16/		o Hill Ra	
	18. CAUSE OF DEATH (Enter on		for (a), (b), and (c).)							MATE INTERVAL INSET AND DEATH	
	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o) Pre	maturity									
	1100	DUE TO, OR AS	A CONSEQUENCE OF									
Conditions, if ony, which gove Respiratory distress syndrome												
	rise to immediate couse (a), stating the underlying couse(· · · · · · · · · · · · · · · · · · ·	A CONSEQUENCE OF									
lost. (c)												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
Z.												
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter polytre of injury in Port 1 or Port 2. Item								NSIDERED N C	ERTIFYING			
R					YES	NO 🗶	CAUSE	3 OF DEATH!				
	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA		NJURY Month Doy Year	21c. HO	W INJURY OC	URRED (Ente	r noture of inju	ry in Port 1 or Po	ort 2, lte	em 18.)		
MEDICAL	(If either, notify medical exami	iner) P.M.	19	7								
×	21 d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT	T HOME, FARM, STREET, FAC FFICE BUILDING, ETC.	(TORY,) 21f. LO	CATION Stree	et or R.F.D. No	i. City	or Town		County	Stote	
	of work of work											
	22a. I certify that 如 (th	ıs haspital) atten	ded the decease	ed from 5/	21/	, 19_€	58_, ta	5/21/	, 19	<u>68</u> , that	t (IX (we) las	
	saw the deceased o	live an	id nat) way the	Y <u>OO,</u> and bady after d	that in (m	y) (aur) ap	inian death	accurred an th	ie date	e and haur	and fram th	
	22b. SIGNATURE	3, (1) (We) (ulu) (u	id fidi) view file	budy unter o	cuiii.				22c D#	ATE SIGNED		
	melde	B Jal	ania 1	4. D DEGRI	ATTENDII E PHYS	NG D	MED.	STAFF PHYS. 🖼		21, 1	968	
	22d. PHYSICIAN'S	B- Jane	1		22e. ADD		JIRECTOR —	11113: 444			700	
	NAME (Type) Ime	lda B. Sal	anio, M.	D.	762	20 York	Rd.	Towson,	Md.	21.204		
30.		DATE	23c NAME OF	CEMETERY OR	CREMATORY		23d. LOCATIO	ON (City or Town)		(Caunty)	(Stote)	
	PEMOVAL (Specify) M	Ay 23/96	8 DULA	NEY VAL	LEY GA	ADEMS	Cock	KEYSVILLE	$E \mathcal{F}$	SALTO.	MP.	
24.	FUNERAL DIRECTOR	10	ADDRESS				REGISTRAR	2Sb. REGIST				
	H. SANDE	FR & SONS	BALT	3, M	D.	MAY 2	4 1986	galia	res	Jacoba	4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the bural-transit permit. Then please remave carban papers.

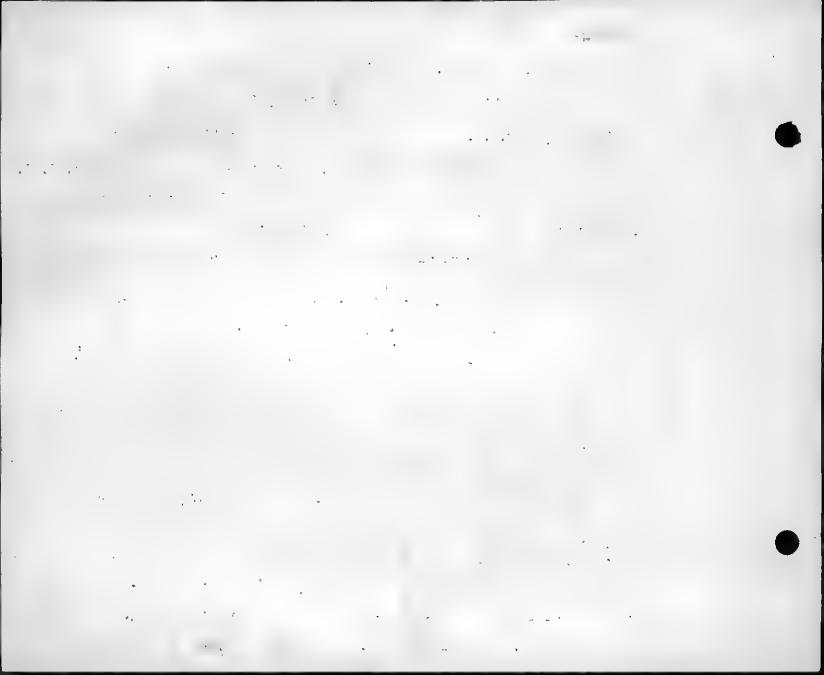
Should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hay. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV 4768



Lilly & Zeiler Inc. 1901 Eastern Ave.

30M REV 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH DECEASED-NAME First Last death. law requires that the death certificate be executed within 24 hours after death. Manth 5 (Type or print) 3. SEX IF LINDER I YEAR IF UNDER 24 HRS. 6 AGE (In years last birthgov) HOURS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED | NEVER MARRIED 9. COUNTY OF DEATH (SALTO, MD signed by the attending physician and completely filled in buriol-tronsit permit. Then please remave carbom papers. WIDOWED K DIVORCED [120 USUAL OCCUPATION 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of work ng life, even if retired) INDUSTRY event, wit DWN 13c. CITY OR TOWN 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 21139 or removal, and in ony 14. FATHER'S NAME Middle Middle MACN, IliAMS 17 INFORMANT TOHN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES!
Yes, no. or unit nawn) | (If yes give war or dates of shorter) Yes, no, or unRnawn) IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [X] NO 🗆 Page 4 may be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) detoched 21d. WIJRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. 1 certify that (1) (this haspital) attended the deceased fram 3/28, 1968, ta 3/34, 1968, that (1) (we) last saw the deceased alive on 5/44, 1968, and that in (my) (our) opinion death accurred on the date and hour and from the shauld causes stated abaye, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR director, page 3 should be filed v DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. Parviz Navidi G.B.M.C., Towson, Md. 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. DATE 23a. BURIAL, CREMATION (County) BETTE ST (y) 5-6-68 Druid Ridge Pikesville Md. 24. FUNERAL DIRECTOR **ADDRESS** 2Sa, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE H.W. Jenkins & Sons Co. 4905 York Rd. DMAY 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36686 CERTIFICATE OF DEATH 38091 1. DECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR low requires that the death certificate be executed within 24 hours after death. deoth. (Type or print) .55_nM Henry E. Hudgins 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS. 1904 last birthday) Male. Cau 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED PREVER MARRIED country) Baltimore WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR remove carbon in any event, with give street address) during most of working life, even if retired.) INDUSTRY Maryland signed by the attending physicion and completely buriol-transit permit. Then please remove carbon Greater Balto, Medical Center 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INS DE CITY EIMITS? 13e STREET AND NUMBER 13b, COUNTY YES NO - NO 4. FATHER S NAME M.ddle IS. MOTHER'S MAIDEN NAME First Middle Lost buriol, cremation, or removol, and in 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 1643 Yes, no. or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Metastatic carcinoma of brain IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Primary carcinoma of hypopharynx rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use os the should be filed with the State Dept. of Health prior to I Volvulous of intestine with intestinal obstruction CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The NO 🗆 YES 📆 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceosed from 4/19, 19,68, to 5/20/, 19,68, that (I) (we) last saw the deceased alive an 5/20 miles and that in (my) (aur) apinian death occurred an the date and hour and from the . 19 68 . ta causes stated abave, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED 5/20/68 ATTENDING MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS John E. Adams, M.D. NAME (Type) 6701 N. Charles Street 23d LOCATION (City or Town) OR CREMATORY (County)

2Sb

2Sa. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

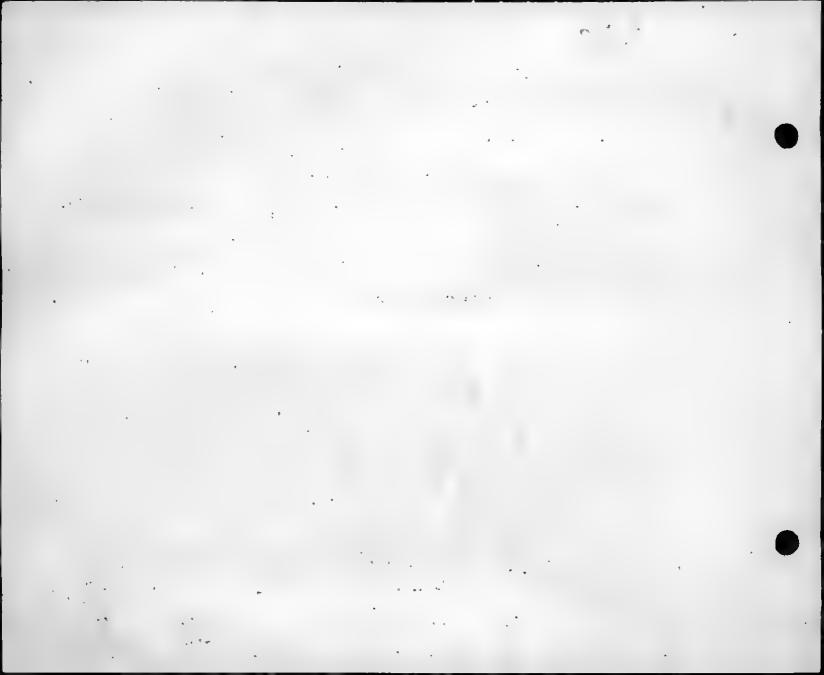
MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 ,4j 30M REV, 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00697 CERTIFICATE OF DEATH Last DECEASED NAME First 20 DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) Month Hunley Willie S. DATE OF BIRTH 3. SEX 4. RACE IF UNDER 24 HRS 1892 last birthday) HOURS male Negro 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) the ottending physician and campletely filled in sit permit. Then please remave carban papers nation, or removal, and in any event, within 72% Md. Baltimore U.S. WIDOWED K DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired 1 Catonsville STATE HOSP. 13c. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13h, COUNTY YES NO . Balto 3130 Washington Bld cremation, or removal, and in any 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Lost 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (If yes give was or dates of service) Yes, no, or unknown) Records: SPRING GROVE STATE HOSPITAL APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anty one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bronchopneumonia l wk. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to l has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES -1 NO | 10 FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 2)e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (this hospital) attended the deceased from Jan. 10, 1968, to May 23, 1968, that (we) last saw the deceased alive on May 23 1968, and that in (my) (and apinion death occurred an the date and hour and from the Jan. 10 1968 to_ director, page 3 should should be filed with the causes stated above, (1) (we) (did not) view the bady after death. 22c DATE SIGNED 22h. SIGNATURE -MED. DIRECTOR ATTENDING PHYS PHYS. 22e. ADDRESS SPRING GROVE STATE HOSPITAL 22d PHYSICIAN S NAME (Type) Anthony J Baltimore, Maryland 21228 **BURIAL CREMATION** 23b DATE 23d LOCATION (City or Jawn) County (Stote) REMOVAL (Specify) JUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1		1	36698 DA			E DEPARTMENT	OF HEALTH BALTIMORE, MARYL	AND 21201	
FOR ST	TATE	L	06029			R'S CERTIFICA		AND 21201	- 2)3
HEALTH	DEPT.		ECEASED NAME	First	Middle	Los		20 DATE KNOWN Month	Doy Year 2b HOUR
2 = 2 €	1		Type or Print) Jo	ohn	A.	Hurle	y	OF ESTI- DEATH MATED (1)	16 48 3
Po day	187	3 5	EX 4. RACE	S. DATE OF BI	RTH 6 AC	E (In years IF ONDER I Y	EAR IF UNDER 24 HRS AYS HOURS MIN	2c. DATE PRONOUNCED DEAD	2d HOUR
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- E	Je bo	70	BIRTHPLACE (State or foreign	C . 76 CITIZEN OF WI		8 MARRIED NEVE	□ [NTY OF DEATH	
far	E	1	Washington	U.S.A.		WIDOWED	DIVORCED [Baltimore	Maria
Pag Pag with	e St	110.	CITY OR TOWN OF DEATH	ave	ctroot address)	NSTITUTION (If not in hos		CJPAT ON (Kind of work done working life, even if retired.)	
after death 8. Give Pages 1, alang with farm	h th	130	Baltimore USUAL RESIDENCE (Where			Joseph Miscrity or town	13d. INSIDE C TY CONTS?	13e STREET AND NUMBER	
is aft is. (2 with death.	0	dmission) STATE Md	• 135 COUNTY	Baltimore	City	YES HO	612 Hollen R	.d.
within 24 haurs after death pencil in Item 18. Give Pages caminer's Office along with fai	I and 2 with the State Depar	14.	Joseph Hur	ley	a Last	IS MOTHER'S	MAIDEN NAME First ? Eagan	Middle	Lost
l within 24 n pencil in Examiner's	pages	16a.	WAS DECEASED EVER IN U.S. /	ARMED FORCES? If yes give war or dates of service)	166 SOCIAL SECURITY I			ADDRESS	
			Yes	WW.1	577/01-5		a M. Hurley	612Hollen Rd.	APPROX.MATE INTERVAL
	burial-transit permit. File I in any event within 72		18. CAUSE OF DEATH (E PART I, DEATH WAS	nter only one couse per CAUSED BY:	ine for (a), (b), and (c)		17 200	1.000	BETWEEN ONSET AND DEATH
e execut pending ef Medici	pem † wi		41 , 1	MMEDIATE CAUSE (0)	The Manuscourses of	77d Y Y	000	105/0m	Midden
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tific iting arde	used as maval, a	8	190, DATE OF OPERATION		Tree contention con				
s certificate e, writing t farwarded	use ma	CERTIFICATION	190. DATE OF OPERATION		196. CONDITION FOR A WAS PERFORMED				20. AUTOPSY?
ER: This certificate, auld be fo			210 EXTERNAL CAUSE WAS	21b THME OF	INJURY Month, Doy, Yes	c 121c HOW INTIE	Y OCCURRED (Enter natur	re of injury in Port 1 or Port 2.	
Certify certify could		MEDICAL	PRIMARY OR CONTRIBU	JTING HOUR A			(2000)	5 51 mps, 77 1 511 7 57 1 57 2,	
프 등 등 표	⊢ ~ ?	MED	21d INJURY OCCURRED	21e. PLACE OF INJURY (At home, form, street,	21f LOCATION S	treet or R F D No	City or Town	County State
KAN te †	may be retained far yaur FUNERAL DIRECTOR: Page ealth prior to burial, crem		AT WORK AT WORK	foctory, office building	ng, etc.]				
Cecur Pag	CTOR:P burial,		22a. I certify t	hat Dook charge of t	he remoins describ	ed obove, held on	Autopsy [], Ins	pection , Inquiry	ond in my opinior
ACA ctor.	Por Por		deoth resulted fa	om/Naturol cau	ses Acciden	t 🔲, Suicide 🗌], Homicide [],	Undetermined manner	
please	DIRE DIRE T to		ACTUAL	10110-	150)	201	CH EF MED CAL EXAMINE		1/
Y. P	ZAL DI Prior		SIGNATURE	perces,	14/0,	until	ASS STANT MEDICAL EXA	MINICA CONTRACTOR OF THE PARTY	ENGNED
DEPUTY ressary, e funeral	E PRO		EXAMINER'S NAME (Type) Cha	arles F.	OlDonnell	. M.D.	DEPUTY MEDICAL EXAMI- ADDRESS(Street, city, to		6/68
O DEPUTY necessary, the funera	TO FUNE Health	230	BURIAL CREMATION,	23b DATE		CEMETERY OR CREMATOR		LOCATION (City or Town)	(County) (State)
-	P		REMOVA (Specify)	May 9,68		ton Nationa		rlington, Va.	(month) (more)
		24.	FUNERAL DIRECTOR		ADDR		2So REC'D BY REC	ISTRAR 256 REGISTRARS	A D
VR /	A15ME (5, REV 1/68		Wm. Cook-Br	cooks Towso	n, Towson,	Md. 21204	DATE MAY	8 1968 gcc	carles Judge



30M REV

death.

death

law requires that the death certificate be executed within

OR ATTENDING

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 43 19a, DATE OF OPERATION

DUE TO, OR

21b. TIME OF INJURY

P.M.

HOUR A.M.

21e. PLACE OF INJURY

First

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?

Month Day Year

DUE TO, OR AS A CONSEQUENCE OF

YES 🗸 NO T 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED

(Enter nature of injury in Port 1 or Port 2, Item 18.)

City or Town

County State

White Not while at wark L at work 22a. I certify that # (this haspital) attended the deceased from. 68, ta and that in (ay) (aur) apinian death acturred on the date and haur and from the saw the deceased alive an causes stated above, (1) (we) (did) (did nat) yiew the bady after death

22b. SIGNATURE

23b DATE

6/3/68

ATTENDING DEGREE PHYS 22e. ADDRESS

DIRECTOR

terio sclento heart disease

22c. DATE SIGNED PHYS.

Mitchell M.D. NAME (Typ

23c. NAME OF CEMETERY OR CREMATORY

Calvary M.E. Church Cem.

(AT HOME FARM STREET FACTORY) 21f. LOCATION Street or R.F.D. No.

23d. LOCATION (City or Town)

(County) Harford

REMOVA. (Specify) 24 FUNERAL DIRECTOR

23a BURIAL, CREMATION

1. DECEASED NAME

3. SEX

(Type or print)

7a. BIRTHPLACE (State or foreign

MORE

First

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gove) rise to immediate cause (a).

stating the underlying cause.

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

21d. INJURY OCCURRED

(If either, notify medical examiner)

10 CITY OR TOWN OF DEATH

Yes, no. artunknown)

odmissian) STATE 14. FATHER'S NAME

last.

ADDRESS 6500 York Rd. 2So. REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	-1	CERTIFICATE OF DEATH									967	05
dem /	Ī		SED-NAME or print) Em	First 11	Middle R.		Jahnke		2a DATE OF DEAT	Month Day	1 ¹ 1968	2b. HOUR 935 _A M
S des c			lale .	4. RACE	White		Dec. 1	189:	1	IGE (In years st birthdoy) 76 YRS.		UNDER 24 HRS. HOURS MIN.
d in 6y the series. Page 72 hours		a BIRT country	HPLACE (State or foreign Maryland		S. A.	B. MARRII WIDOWI	ED 🔼 NEVER MAR ED 🔲 DIVOR	RIED C	9. COUNTY OF DEA Balti			Md.
ely Villed in ban papers within 72 t	٠)	D۱	OR TOWN OF DEATH		NAME OF HOSPITAL OR I	dale F	load	during mo	L OCCUPATION (Kin ist of working, ife Or — Char	of wark dane even if retired)	125 KIND OF BUIND STRY Raper M:	SINESS OR
and campletely remove carban any event, with	, [30. US!	JAL RESIDENCE (Where den) STATE Maryla	nd 13b. COUN	stitution: Residence before Baltimore		or town undalk	YES MO		Annadal	e Road	
n and c se remo			ER'S NAME First Ado	Lph Lph	dle Last Jahnk		IS. MOTHER'S MA	AIDEN NAME FIN He (W1fe)	enrietta	Middle	Bles	
ohysicia en plea: ival, an			S DECEASED EVER IN U.S. po, or unknown) (If you	ARMED FORCES? Give war or dates of servi WWI	16b. SOCIAL SECURIT 219-16-4		A BALLONIBATE		ke, 3821			
rificate has been signed by the attending physician and campletely (illed in d far use as the burial-transit permit. Then please remove carban paper of Health priar ta burial, crematian, ar remaval, and in any event, within 72		Co	PART I. DEATH WAS CALLED A MINING THE PART I. DEATH WAS CALLED A MINING THE PART I DEATH MINING THE PART I DEATH WAS CALLED A MINING THE PART I DEATH WAS CALLE	AUSED BY. MEDIATE CAUSE (a) DUE TO, OVE (a). (b)	OR AS A CONSEQUENCE OF AS	Disea			.0	2_	APPROX MA BETWEEN ONS 6 YOU	T AND DEATH
certificate has been sign thed far use as the buri of af Health priar ta buri).	RTIFICATION 1561	+ 1	19b. CONDITION FO	R WHICH OPERATION WAS I	PERFORMED	20g. AUTO	PSY?		WERE FINDINGS C DEATH?	ONSIDERED IN CER	TIFYING
<u>=</u> = ÷		WEDICAL ST.	OR CONTRIBUTING CAUSE Of either, natify medical education of the contribution of the c	F DEATH HOUR xaminer) HOUR 21e. PLACE OF INJ	A.M Month Doy Yeo P.M. URY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	TACTORY) 21f	LOCATION Street	et or R.F.D. Na.	City or T	awn	County	Stote
TO FUNERAL DIRECTOR: After this cel director, page 3 shauld be d≡tache shauld be filed with the State Dept.		22	Ra. I certify that (1) saw the decease couses stated at b. SIGNATURE	(this hospital) ed alive an pave, (I) (we) (ottended the decea May 25 did) (3rd nat) view th	. /	ond that in (mer death. M.D. ATTENDIF	NG men Mi	IED. ST	ored on the do	68, that (ate and hour ate signed 5/31/68	l) (wo) last nd fram the
FUNERAL DI irector, page hauld be filer	1	23o. BI	JR-AL, CREMATION.	23b, DATE 6/3/68	olpira 23c NAME O	M.D.	22e. ADD	RESS 12 Ceda:	r Lane, I	undalk,	Md. 212	222 (State)
Q TO TO SOM REV TO BE	3	24. FU	NERAL DIRECTOR		ADDRE se Ave. Dunc	SS		2So RECOUNT	NEGISTO3R 19	B. REGISTE	ALL JAMES JAMES	ye.

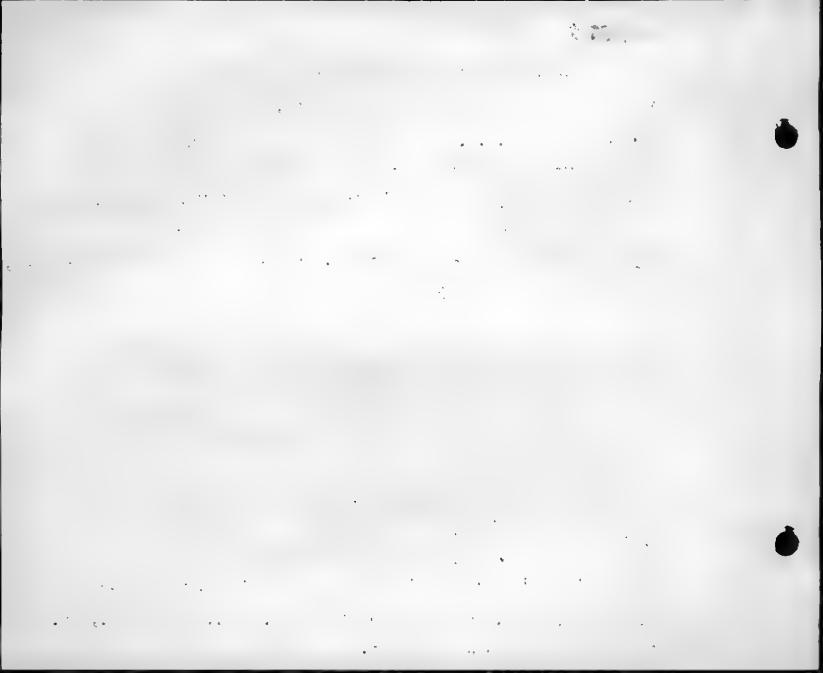
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

6, 1, 3 . . . •

2 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 716 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 2b. HOUR DECEASED NAME First law requires that the death certificate be executed within 24 haurs after death. (Type or print) Month physician and camplerely filled in by the funeral en please remove carban papers. Pages I and aval, and in any event, within 72 hours, Afric Geal Eli Jakimovitz Paul 968 4. RACE S. DATE OF BIRTH 6. AGE (In veors IF LINDER 1 YEAR MONTHS HOLRS Male White July 20,1888 7o. 81RTHPLACE (Stote or foreign 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED K NEVER MARRIED Russia Baltimore County U.S.A. WIDOWED | DIVORCED [TT 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
Bent Nursing Home during most of working life, even if retired)
Engineer INDUSTRY Reisterstown Hospital 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Glyndon No.K 13h COUNTY 209 Central Avenue YES [imore 14. FATHER'S NAME Middle First Middle Lost 15. MOTHER'S MAIDEN NAME First Lost Unknown Unknown 17. INFORMANT 16b. SOCIAL SECURITY NO. Mosley Lane Reisterstown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of survice) Yes no or unknown) Mrs. Mary Jakimovitz 213-01-9635 the attending phys 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave? burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 2 O. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREF FACTORY.) 21f. LOCATION Street or R F.D. No. City or Town Stote County While Not while of work ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from the control of the saw the deceased alive an They 12 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the le mtained director, page 3 shauld shauld be filed with the causes stated above, (i) (we) (did) (dia nat) view the bady after death. 22c. DATE SIGNED 22 SIGNATURE MED DIRECTOR ATTENDING DEGREE PHYS PHYS 22e. ADDRESS 22d. PHYSICIAN S Clarence E. McWilliams NAME (Type) 230 BUR AL, CREMATION, REMOVAL (Specify) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 1968 Holy Trinity Orth. Mav Howard Co., Cem., 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D 8Y REGISTRAR Owings Mills, Md. 30M REV



23c NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

22e. ADDRESS

23d. LOCATION (City or Town)

296 RECID BY REGISTRAP 68

Baltimore

(County)

25b - REGISTRAR'S SIGNATURE

Maryland

(Stote)

VR ATS 30M REV 1/68

22d. PHYSICIAN'S NAME (Type)

23o. BURIAL, CREMATION, REMOVAL (Specify)

FUNERAL DIRECTOR

23b DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived 71f institution; Residence before odmission) al Kunoce o. COUNTY b. COUNTY MARYI AND c. LENGYH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits CITY OR TOWN (If outside corporate armits, write RURAL and give nearest town) write RURAL and give negrest town d STREET ADDRESS completely filled YES NO A ond in ony event, within NAME OF Month DATE carbon DECEASED (Type or print) OF DEATH requires that the death certificate be executed IF UNDER 1 YEAR IF JNDER 24 HRS 9. AGE (in veors 6. COLOR OR RACE **NEVER MARRIED** lost birthday) Months Dovs WIDOWED DIVORCED guq 10b. KIND OF BUSINESS OR 10o. JSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHA 1) BIRTHPLACE (County & State, or foreign/country) during most of terking life, even if retiged) physician (nen pleose INDUSTRY " MOTHER'S MA DEN NAME 13. FATHER'S NAME burial-transit permit. Then pl burial, cremation, or removal, 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCESD 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service 220-N-9880 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit p the ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO for use as the b f Health priar to b stating the underlying cause pe≣n PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY IID C PERFORMED? YES. NO **MINICTOR:** After this certificate PHYSICIAN: 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port i or Port II of Item 18) be detached for State Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour 'a.m. foctory, Theet, affice bidg , etc.) Not While at work 21. I certify that (1) (this hospital) attended the decoded from M, fram causes and on the dote stoted obove , and the death occurred sow the deceased olive on 22o, SIGNATURE DATE SIGNED O HOSPITAL OR director, page 3 M.D DIRECTOR PHYS PHYS ADDRESS 22c. PHYSICIAN'S TO LUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d_OCATION (City or Town) BURIAL, CREMATION. 23b DATE THEREOF (County) REMOVAL (Specify) BURIA 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

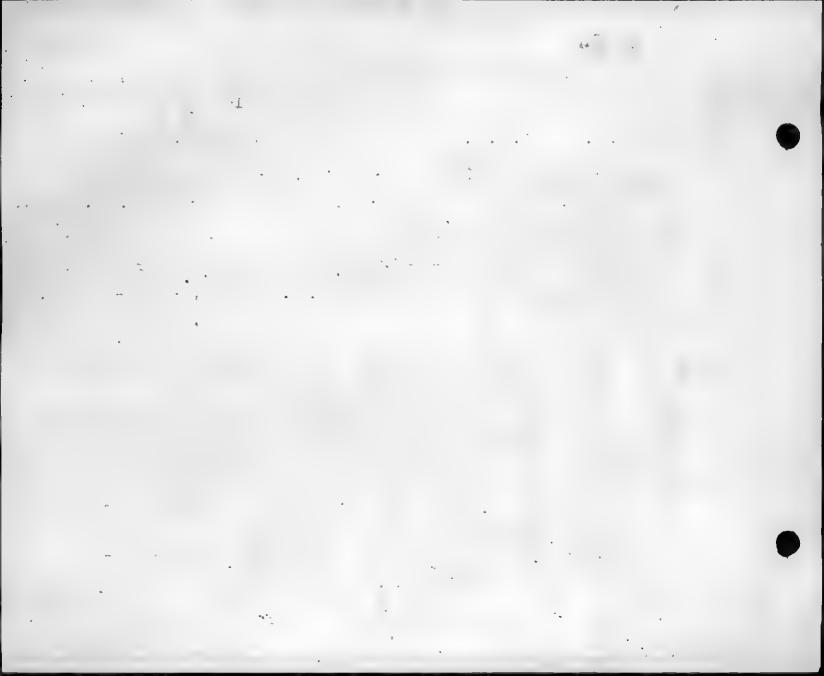


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20 DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) Month Elizabeth Johnson May 4. RACE 3. SEX S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. ZHENDM HOURS Negro Oct. 14, female 19715 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED (ountry) signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban papers. Baltimore 11. S. A. S. C. WIDOWED F DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working (ife, even if retired) SPRI G GROVE STATE HOSP. Catonsville domestic 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES 🗔 NO 🗀 Md Balto. 2733 West Fairmount Avenue and in any 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURDEN NO 17 INFORMANT Yes, no. or unknown) (If yes give war or dates of service) crematian, ar remaval, 223-09-7798 Records: SPRI G GROVE STATE HOSEI vascular ht. Disease. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).) VASCULAR Nt. Disease.

PART I. DEATH WAS CAUSED BY. Hypertensive, Arterioschmotic, cardio-BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) yrs. DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES A NO 🗔 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while of work 22a. I certify that \$\mathcal{1}\$ (this hospital) attended the deceased from April 30, 1968, ta May 4, 1968, that \$\mathcal{1}\$ (we) last saw the deceased alive an May 4 1968, and that in (my) (\$\mathcal{1}\$) opinion death accurred on the date and hour and from the 22b. SIGNATURE: 22c. DATE SIGNED ATTENDING 5-6-68 PHYS DIRECTOR 22d PHYSICIAN S STATE HOSPITAL 22e. ADDRESS SPRING GROVE NAME (Type) nng, Maryland 21228 Baltimore. 230 BURIAL CREMATION REMOVAL (Specify) 2Sb REGISTRAR S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 2So, REC'D BY REGISTRAR

VR A15 (4) 30M REV. 1/68 ADDRESS 250. RECD BY REGISTRAR 250. RECD BY REGISTRAR 1 5 1968

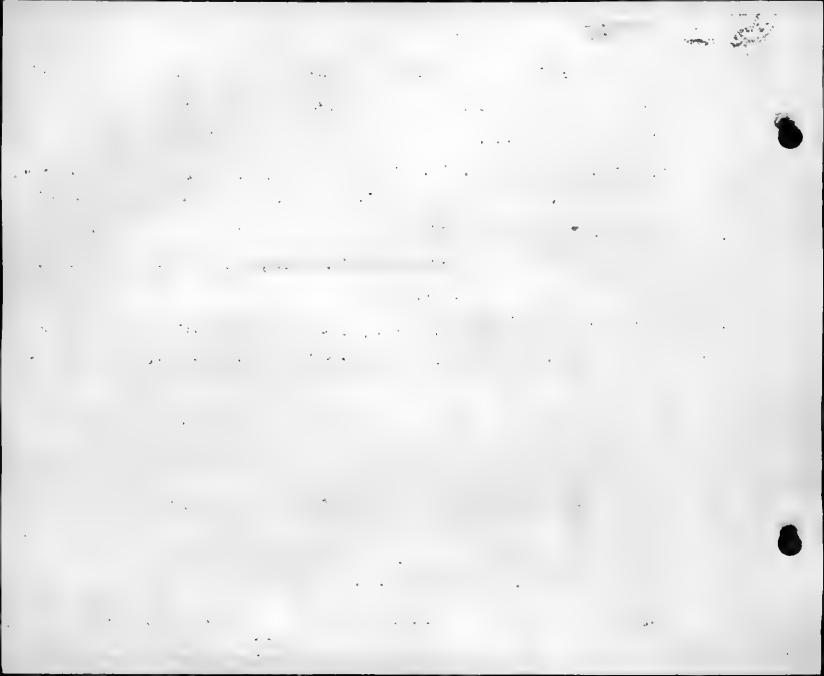
Clianles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36710 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR in by the funeral law requires that the death certificate be executed within 24 haurs after death OHNSON (Type or pnnt) INEZ ELYORN 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) OAYS MONTHS MOURS 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED | NEVER MARRIED | d in Bodo country) 3 ALTIMORE U.S.A WIDOWED A DIVORCED [physician and campletely filled en please remave carban pape 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR , and in any event, withi give street oddress) during most of working life, even if retired.) INDUSTRY INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 135, COUNTY 14. FATHER'S NAME Middle Lost Lost 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Address Yes, no or inknown) (If yes give war or dates of service) the attending phy sit cermit. Then 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY hoselle ō IMMEDIATE CAUSE cremation, signed by the burial-transit p burial, crematic Conditions, if any, which gove rise to immediate couse (a), AS A CONSEQUENCE OF stoting the underlying couse physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) by the hospital ar attending os the prior to TO FUNERAL DIRECTOR: After this certificate has been FICATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20e AUTOPSY? 19p. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [USe Health 1 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 216 TIME OF INJURY ģ OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Dov Yeor P.M ġ, (If either, notify medical examiner) detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote State Dept. County City of Town While Not while ot work ot work 220. I certify that (I) (this hospital) attended the deceased from \$2/12, 1967, to \$/3/, 1968, that (I) (we) lost sow the deceased alive an \$130 and that in (my) (our) opinion death occurred on the date and hour and from the ATTENDING shauld be retained director, page 3 should should be filed with the couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE DEGREE DIRECTOR PHYS 22e ADDRESS TO HOSPITAL PHYSICIAN S Page 4 may NAME (Type) 2 TI MO 230 BUR AL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stgte) REMOVAL (Specify) FUNERAL DIRECTOR 2So REC Do DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 2b. HOUR DECEASED-NAME First physician and campletely filled in by the funerally ten please remove carban papers. Pages 1-and, 2 oval, and in any event, within 72 haurs after death. (Type or print) 6:25 RM WARFTELD JONES ALBERT requires that the death certificate be executed within 24 haurs after deat S. DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS. 3. SEX 4 RACE 6. AGE (in years last the rthdoy) 7/20/12 NEGRO MALE 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED "MARYLAND BALTIMORE COUNTY. U.S.A. DIVORCED [WIDOWED 12e USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most of working life, even if retired.)
SHIPPING CLERK INDUSTRY give straet oddress) FORT HOWARD FURNITURE CO. 13e STREET AND NUMBER
902 W. Lexington Streeet 13c CITY OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY JIMITS? MARYLAND | 13b COUNTY BALTIMORE odmission) STATE 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Lost First COOK JONES ELLA THOMAS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no oz unknown) CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. 218 07 76 33 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) BRONCHOPNEUMONIA RECENT DMEXICON AS XX X ON SKOUPING YOR (b) POST OPERATIVE STATE ESOPHAGOGASTROSTOMY RECENT Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse (c) SURGICAL ABSENCE PARTIAL ESOPHAGUS (SQUAMOUS CELL CARCINOMA) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATHS YES IX NO [T certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item IB.) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy Year (If either, notify med col exominer) 210. PLACE OF INJURY (AT HOME FARM STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County White Not while at work 22a. I certify that this haspital) attended the deceased from saw the deceased alive an 19 and that in O FUNERAL DIRECTOR: After and that in (AAA) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (t) (we) (did) (did ast) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 5/2/68 22e. ADDRESS ELFATRICK, M. D. VAH FORT HOWARD, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) REMOVAL (Specify) BALTIMORE, MARYLAND BALTIMORE NATIONAL BURTAT 24. FUNERAL DIRECTOR VR A75 (4) 30M REV. 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		00.200 ·		C	ERTIF	ICATE OF	DEATH				19			
-		CEASED-NAME First		Middle		Lost		20. DATE OF DEATH	Dou	Vee	2b. HOUR			
	()	ype or print)	Mp.	C.	J	UNGBLUT		Month Lievy	Doy 19.	Yeor 1368	8 6:15			
	3. SE	X	4. RACE			S. DATE OF B	IRTH	6. AGE (In lost birt		IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.			
		liale		hite		Harch	27, 192	44	YRS.	TORIIIS DAIS	IIIOSK) IIIII			
	7o B		ъ citizen of wha	T COUNTRY?	B. MARRI	ED 🛱 NEVER MAR	RR.ED 9.	COUNTY OF DEATH						
		Larydamid	USA		WIDOW		RCED _		iore		Md			
7	10. C	ITY OR TOWN OF DEATH		AE OF HOSPITAL OR INST reet oddress)		'		CCUPATION (Kind of v of working life, even		12b KIND OF	F BUSINESS OR			
1		Towson		St. Jos		Hospital		9 718.						
		USUAL RESIDENCE (Where deceosed ssion) STATE	d lived, if institution	n Residence before			13d. INSIDE CITY LIMITS YES NO			. 10.1	03.0074			
		1/20, e			RET	timore		0320 21		3 Rd.				
7	14 F	ATHER'S NAME First William	M ddle	Jungblut		IS MOTHER'S M	AIDEN NAME First	deline M.	Middle	Cammai	rfield			
	26.	WAS DECEASED EVER IN U.S. ARME		16b. SOCIAL SECURITY N	0 1	7 INFORMANT	1-1960	de TTHE H.	Address	DANITIO	LITOIU			
		es, ne of unknown) (If yes give wal	ocdotes of service)	IOD: SOCIAL SECOKITY N		Mrs. Edi	ith J. J	ungblut	Address	(Same))			
		1B. CAUSE OF DEATH (Enter only	one couse per line	for (e), (h), and (c))							XIMATE INTERVAL ONSET AND DEATH			
		PART I DEATH WAS CAUSED		Myocardi	al i	.nfarctio	n			DETITION	ORSE AND DEATH			
-		4109												
		Conditions, if ony, which gave)	(6)	A CONSEQUENCE OF Coronary	Ins	sufficie	ncy							
		rise to immediate couse (o),(stating the underlying couse(DUE TO, OR AS	A CONSEQUENCE OF										
		lost.	(c)											
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)												
	NC NC	4 du,												
\vee	CERTIFICATION	196 DATE OF OPERATION 196 CI	ONDITION FOR WHIC	H OPERATION WAS PER	FORMED	20g. AUTO		20b IF YES, WERE		NSIDERED IN	CERTIFYING			
Λ	RTIF					YES								
	AI C	210 ACCIDENT WAS UNDERLYING CAUSE OF DEATH		INJURY Month Doy Year	210	: HOW INJURY OC	CURRED (Enter no	nture of injury in Port	or Port 2, Ite	am 18.)				
	MEDICAL	(If either, notify medical examine	r) P.M.	19	way 1									
	~	21d. INJURY OCCURRED 21e F While Not while	TACE OF INJURY (AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC.	OK7.) 211	LUCATION Street	et or R F D No	City or Town		County	Stote			
	Н	of work of work	L 4-1\ - 44	4-4 4	1 4-0	Mars 6	10.69	to Mars 10) 10 (CO 46.	+ (IV () I=-			
		22a I certify that (I) (this saw the deceased all causes stated above,	naspirar) arren ve an	lativ 19 1	68	and that in (m	v) (our) apinio	on death accurred	on the date	e and hau	r and from the			
5		causes stated above,	(I) (we) (did) (d	did not) view the b	ody aft	er death.	77()							
4	H	22b. SIGNATURE		and the same of th		ATTENDI			22c D/	ATE SIGNED				
			uaus		D	EGREE PHYS	U DIREG	CTOR L PHYS	[Z s] 5-	-19-68)			
	Ш	22d. PHYSICIAN S NAME (Type) Jose	Nepomucer	no, M.D.		22e. ADI		Dead Pal	43	Ma	27.20%			
1	22.				CHCTERV	OR CREMATORY		Road, Bal						
	£30.		/22/68.			tional ((County)	(Stote)			
	24.	FUNERAL DIRECTOR		ADDRESS			2So REC'D BY R	EGISTRAR 2Sb	REGISTRAR S S		1.0			
		Leenard J. Ruc	k, Inc. 1	Balte. Md.	, 212	214	DAMAY 2	0 1968	ware		35			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled absector, page 3 shauld be detached for use as the buriot-tronsit permit. Then please remove carbon key stays to be detached for use as the buriot, cremation, or removol, and in ony event, within VR A15 (4) 30M REV 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Toge I may be retainud by the haspital or ottenuling physician.

72-Hours after death opers by the funeral

opers



DECEASED (Type ar 3. SEX 121

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTIFICATE OF DEATH				114	b
MAME print)	Henry No Kaiser	Middle	Last	20. DATE OF 5/7/	DEATH S Month Do	Y Year	2b H	
	4 RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER . YEAR	IF UNDER 2	
c	"lite		January 5, 18	800	last birthday) YRS	MONTHS DAYS	HOURS	ALIN
•	or foreign 7b. CITIZEN OF WHAT CO	UNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF	DEATH			

Md.

State

1.3.0%,0	(Partiage Time		11/1		1 2 1 102		
7a. B:RTHPLACE (State or foreign country) Ralto. Md.	75. CITIZEN OF WHAT COUNTRY? $U.S.A.$	8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 COUNTY OF Base	tinore (o.		
10, CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL	OR INSTITUTION (I	not in hospital 12a US	UAL OCCUPATION	(Kind of work done	12b. KIND OF	BUSINESS OF
Palto. id.	give street address)	2	Timsing during	Boonas		INDUSTRY /	Palto
130. USUAL RESIDENCE (Where decease	sed lived, Finstitution Residence be	efore 13c, CITY (R TOWN 136, INSIDE CITY	LIMITS? 130. 61	REET AND NUMBER		Treas
odmission) STATE VACILAR	131 COUNTY	Ral	to. City ME CI	NO 390	n Northern	Planu.	
14. FATHER'S NAME First	Middle L	ost	15. MOTHER'S MAIDEN NAME	First	Middle	-	Last
John Kaiser			Unknow	un.	-		

	IN U.S. ARMED FORCES? (If yes give war or dates of service)		17. INFORMANT Charlotte M	. Kaiser - 3900	Monthern Pizze
18. CAUSE OF DEATH	H (Enter anly one couse per lii WAS CAUSED BY	ne far (a), (b), and (c).)	a. A America	: 00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause

last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

2	177 X			
4	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
꼾			YES NO D	CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M P.M. Manth Day Year 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County

While Not while at work at wark 1e

saw the	deceased	dive an	5/5	196	dy after death.	, 17. (aur) a	pinian	death acci	úrred an	the date and have	and fram t
22b. SIGNATURE	ck	- 0	Lan	6 -	ATTENDING		MED.	_ ·	TAFE -	22c DATE SIGNED	1.

ı		É	Ful	46	m	8	DEGREE	ATTENDING PHYS.	V	MED. DIRECTOR		STAFF PHYS.		5	-/9	160	>
	22d. PHYSICIAN'S NAME (Type		Lui	s J.	EL	195	, M.D.	22e. ADDRES	S /	MER	10	ENE	De		,		

	23a.		23b. DATE	23c. NAME OF CEMETERY	OR CREMATORY		23d LOCAT	FION (City a	r Town)	(County)	(State)
		REMOVAL (Specify)	5-11-68	Part good	Co. clanu		2014	imano	NE	land	
	24	FUNERAL DIRECTOR		ADDRESS	,	2Sa. REC D BY	REGISTRAR	255	REGISTRAR	S SIGNATURE V	usign
1		John (, ill	ler Ine-(415 5	letain '"	12.	DATE NIM	15	1360	1		0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in be the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Page shauld be filed with the State Dept. af Health prior to burial, crematian, arremaval, and in any event, within 72 haurs at O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)-





MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 2b. HOUR 1. DECEASED NAME First Last (Type or print) MARY Month HELEN **KELSO** 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX HDURS FEMALE WHITE July 17, 1909 9. COUNTY OF DEATH 7c BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Baltimore Maryland U.S.A. WIDOWED (3) DIVORCED [12a USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY Towson Joseph Hospital 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 136. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY 5212 Midwood Ave. YES R NO Md. Baltimore 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle First Middle Last FRANK STOWELL ELIZABETH WILSON 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) MARY ANN HENRY BALTIMORE MD APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISSET AND DEATH PART I, DEATH WAS CAUSED BY: Generalized Metastasis of carcinoma. IMMEDIATE CAUSE (a) (Primary site: Breast DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)

206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO E

21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year

21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No.

ATTENDING

PHYS

City or Town

State County

While Nat while at wark 22a. I certify that \$1) (this haspital) attended the deceased from May 6 _____, 19_68 , ta_May 14 ____, 1968 _, that \$1) (we) last saw the deceased alive an ____May 14 _____1968 , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (t) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE

DEGREE

22d. PHYSICIAN'S NAME (Type) Yusur Oh, M.D.

23b, DATE

23c. NAME OF CEMETERY OR CREMATORY

York Rd., Towson, Md. 21204 23d. LOCATION (City or Town)

(County) (State)

CUMBERT AND

5/14/68

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending FUNERAL DIRECTOR: After this certificate has been signed by the ottending FUNERAL DIRECTOR: After this certificate has been signed by the ottending. REMOVAL (Specify)
Burial 24 FUNERAL DIRECTOR

hours ofter death

24

requires that the death certificate be executed within

burial, cremation, or removal, and in any event, within 72 hours after

ed for use of Health p

director, page S should be filed

should !

the ottending physician and completely filled sit permit. Then please remove carbon pape

BYRON KIGHT 30M REV. 1/68

23a. BURIAL, CREMATION

21d INJURY OCCURRED

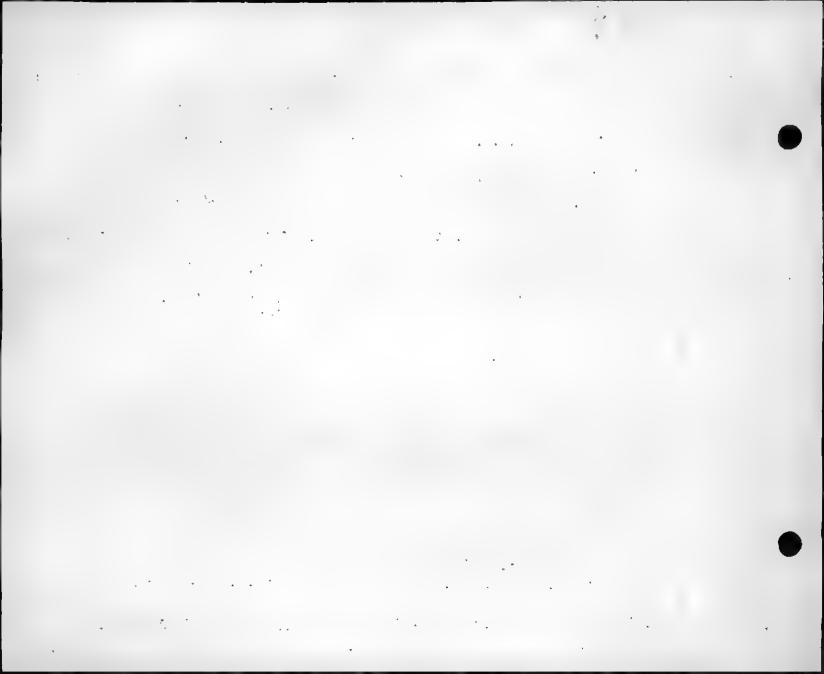
CUMBERLAND, MD.

May 18 1968 SUNSET MEMORIAL

1968 FLOWER 25a. REC 3

MED. DIRECTOR

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached far use as the burial-transit permit. Then please remave carban page should be filled with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within T

VR A15 30M REV

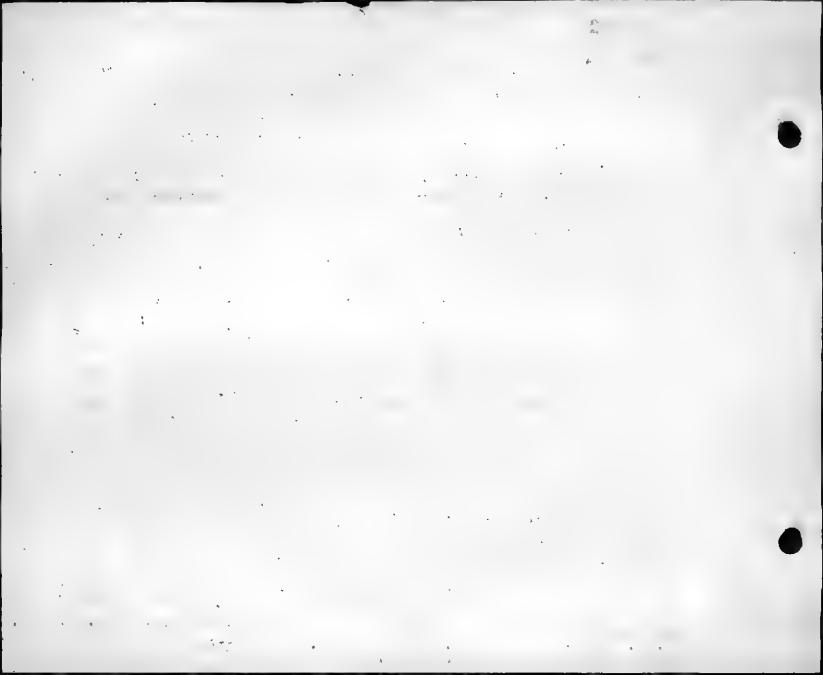
Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06711

- 1			CLIV	IIIICAIL OI L	LATI		2
Ì		Ype or print) STEPHE.	Middle Ko	Ndall	2a DATE (OF DEATH Month 5 Day,	14 Year 68 3/5 AM
	3. SE	Male 4. RACE W.	7.10	S DATE OF BIR	4 - 85	6. AGE (In years last birthday)	16 UNDER 1 YEAR 16 UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	coun	BIRTHPLACE (State or foreign 7b. CITIZEN OF W	1112	ARRIED NEVER MARR		F DEATH FIMORE	Md
	10. C	TITY OR TOWN OF DEATH 11. N	NAME OF HOSPITAL OR INSTITUTI street address) a SXL ZIGH	ION (If not in haspital		ON (Kind of work dane ing life, even frettred)	12b. KIND OF BUSINESS OR INDUSTRY
ريد	13a. admi:	USUAL RESIDENCE (Where deceased lived, if institutions) STATE mp. 13b COUNTY	than Residence Lefare , 13c	(- m		STREET AND NUMBER	RE-#18
4	14 F.	FATHER'S NAME First Middle	endali	15. MOTHER'S MAII		Middle Q C4 1+	KNOTTS
	16a. Y	WAS DECEASED EXER IN U.S. ARMED FORCES? (es, na, or unknown) (If yes give wor or dates of service)	16b. SOCIAL SECURITY NO 217-01-712	17. INFORMANT	. JOHN N	Address	(00000)
			AS A CONSEQUENCE OF	ndial	Isuff	icièncy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MOMENTAL
		last. (c)	AS A CONSEQUENCE OF	en (0 SC)	seros (S		years.
	N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBI	Pa (an or	LATED TO THE TERMINAL	DISEASE OR CONDITION GIV	1 1	
ut,	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR W	HICH OPERATION WAS PERFORM	MED 200. AUTOP		IF YES, WERE FINDINGS CO SES OF DEATH?	ONSIDERED IN CERTIFYING
	₹	21a. ACCIDENT WAS UNDERLYING or contributing cause of Death (If either, notify medical examiner) Description:	Manth Day Year 19		RRED (Enter nature of in	ijury in Part 1 ar Part 2,	tem 18.)
		at work at wark	(AT HOME, FARM, STREET FACTORY) OFFICE BUILDING, ETC.			ity ar Tawn	Caunty Stote
		22a. I certify that (I) this hospitol) or saw the deceased alive an couses stated abave, (I) (we) (did	5-29 196	∑. ond that in∕(mv	(our) opinion deot	5-29 , 19 1 occurred on the do	68, that (1) (we) last te and hour and from the
		22b. SIGNATURE	hullen	DEGREE PHYS	DIRECTOR L	CTACC	DATE SIGNED
		22d. PHYSIGAN'S NAME (Type) David	IMil	22e. ADDR	Dwing	Mills	Mel
		BURIAL (CREMATION, 23b. DATE REMOVAL (Specify) 6/1/68	23c NAME OF CEMET Druid R:	idge	Pike		(County) (State)
	H .		Co. 4905	York Rd.	DASSAL REC'D BY REGISTRAR	CO 25b REGISTRARS	ere handared.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle 2n DATE OF DEATH 2b. HOUR after death. Puneral (Type or print) Month 4. RACE 6. AGE (In years IF LINDER 1 YEAR IF UNGER 24 HRS. last birthday) MONTHS law requires that the death certificate be executed within 24 haurs 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED country) the attending physician and campletely filled in sit permit. Then please remove carban papers burial, cremation, ar remaval, and in any event, within 72 DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind at work gane as treat address) 10. CITY OR TOWN OF DEATH **INDUSTRY** 1/20050 HICK 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YESTET NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last Last 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, ar unknown) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)-PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) burial-transit permit. DUE TO, OR ANA CONSEQUENCE OF Canditions, if any, which gave) rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept of Health prarto 19a. DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [HO 1 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d, INJURY OCCURRED 21e PLACE OF INJURY State City or Town County While Not while at wark (aur) apinian death accurred an the date and hour and from the 22c DATE SIGNED 5 - 23 - 68 22b. SIGNATURE **ATTENDING** STAFF PHYS DIRECTOR PHYS. PHYSICIAN S 22e. ADDRESS NAME (Type) BURIAL, CREMATION NAME_OF_CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) RCHOVAL (Specify) BALTON FUNERAL DIRECTOR VR A15 30M REV

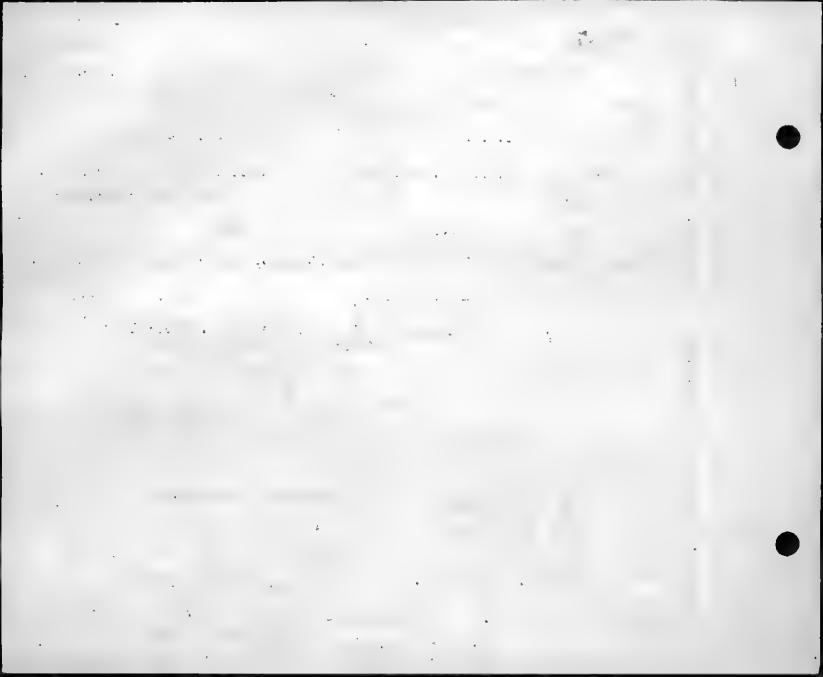
MARYLAND STATE DEPARTMENT OF HEALTH



- 1	MARYLAND STATE DEPARTMENT OF HEALTH
-1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
2 2 1	DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital or afterding physicion. SIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the function of a should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are ferther.	(Type or print) Lester. NMN' Knox Month Doy Yeor & 12 Den
	SEX 4. RACE 5. DATE OF BIRTH 9 - 2-3 - 16 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 16 UNDER 24 HRS. 16 UNDER 24 HRS. 16 UNDER 24 HRS. 17 UNDER 24 HRS. 17 UNDER 24 HRS. 17 UNDER 24 HRS. 18 UND
	O. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 4.5 A WIDOWED DIVORCED 4.5 MARRIED M
Ī	O. CITY OR TOWN OF DEATH It name of Hospital or institution (If not in hospital during most of work done during most of working life, even if setired.) It name of Hospital or institution (If not in hospital during most of working life, even if setired.) Industry
,1 c	30 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 2/0/3 dm.ssion) STATE Med. 13b. COUNTY 13c STATE No. 13d INSIDE CITY LIMITS? NO. 64 Star Roule
· , [4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Henry Kraye Girares
al, ull	16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT Address Baldwin 17. INFORMANT 18. 1
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:
burial, cremotion, or removal, and in any event, within to the control of the con	IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)
burial, cremoti	rise to :mmediote couse (o). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	OST. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item IB.) OR CONTRIBUTING CAUSE OF ORATH HOUR A.M. Month Doy Year 19
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote of work
	22a. I certify that (I) (this haspital) attended the deceased from 4-25, 1968, ta 5-1, 1968, that (I) (we) las saw the deceased alive an 2-21-1968, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (I)-(we) (did) (did nat) view the bady after death.
	22b. SIGNATURE DEGREE PHYS DIRECTOR STAFF 22c. DATE SIGNED STAFF 5-21-CE-
director, page 3 should should be filed with the	22d. PHYSICIAN'S NAME (Type) A. PIRNIA 220. ADDRESS G. B. M. C.
	230. BURIA, CREMATION, REMOVA (Specify) 5-24-1968 Parkwood Screetery Baltimore Co. ald.
137	24. FUNDALL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE DATMAY 27 1968 PECLOSULES QUISE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 26. DATE OF DEATH 2b. HOUR DECEASED-NAME (Type or pant) KONIK MICHAEL 10:30Pm MEN S. DATE OF BIRTH 8/8/19 IF INDER 1 YEAR 4. RACE 6. AGE (In years 3 SEX executed within 24 hours ofter inthdoy) WHITE MALE GLOVERSVILLE 9. COUNTY OF DEATH physician and completely filled in by 7o BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? BALTIMORE COUNTY, Little Falls, N.Y. U.S.A. DIVORCED [WIDOWED [77] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR IG CITY OR TOWN OF DEATH during most of work ng life, even if retired) STEEL CO. please remove carbon FORT HOWARD 13e. STREET AND NUMBER
6921 Eastbrook Avenue 130. USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c CITY OR TOWN odmission) STATE MARYTAND BALTIMORE YES IS. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME lost AVE. KONIK John requires that the death certificate be 17. INFORMANT 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? CLIN.RECORDS. VA HOSPITAL, FT HOWARD, MD. Yes, no, or usunown) 076 01 92 33 SECOND burial-transit permit. Then pl burial, cremation, ar removal, 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY HOURS PULMONARY EDEMA 4 DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF HEAD OF PANCREAS WITH METASTASIS TO Conditions, if ony, which gove rise to immediate couse (o), HOME, REGIONAL LYMPH NODES AND LIVER DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL TO FUNDEM DIRECTOR: After this certificate hos been 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 19o. DATE OF OPERATION CAUSES OF DEATH? YES YES T NO 🖂 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21g. ACCIDENT WAS LINDERLYING 216 TIME OF INJURY HOLLENBECK OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No State 21d. INJURY OCCURRED City or Town County While Not while of work 22a. I certify that 2) (this haspital) ettended by deceased from and that ix(rxx) (aur) opinian death occurred an the date and have and from the saw the deceased alive an. director, page 3 should should be filed with the causes stated above, (CK (we) (did) (did on) view the bady after death. 22b. SIGNATURE MED. DIRECTOR researe. **ATTENDING** DEGREE 22e. ADDRESS SHIPPED 22d. PHYSICIAN'S JUVAN, M. D. PETER (V. VAH FORT HOWARD, MARYLAND NAME (Type) 23d. LOCATION (City or Town) (County) (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23a BJRIAL, CREMATION, GLOVERSVILLE, NEW YORK PROSPECT HILL CEMETERY PREMIEW (PTufy) 24. FLINERAL DIRECTOR 30M REV, 1/68 CONKLING ST. BARTMORE, MD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2a DATE OF DEATH 2b. HOUR 1. DECEASED-NAME Muddle First haurs after death Month 7 4 Day (Type or print) HENRY KRATZ May 9:20 pm IF UNDER 24 HRS. 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) June 6, 1887 WHITE MALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED 3 NEVER MARRIED Maryland Baltimore U.S.A. WIDOWED [DIVORCED [7] 24 12a, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (14 not in hosp-tol) 12b KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH requires that the death certificate be executed within St. Joseph Hospital during most of working life, even if retired) INDUSTRY Towson remave carba 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before. 113c. CITY OR TOWN 13d. INSIDE CITY JIM TS? 13e STREET AND NUMBER 3709 Fait Avenue admission) STATE 13b COUNTY YES NO T Baltimore IS. MOTHER'S MAIDEN NAME First Mrddle 14. FATHER'S NAME M.ddle First Linual please 17 INFORMANT 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, no, asunknown) 216-05-8289 Mus. China 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY-Acute pulmonary edema IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) prior ta has been as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 📑 NO ST O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that x(i) (this haspital) attended the deceased from Nay 11 , 1968 , to Nay 14 , 1968 , that (X) (we) last saw the deceased alive an May 14 , 1968, and that in (any) (aur) apinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR 5/14/68 DEGREE PHYS 22d. PHYSICIANDS York Rd., Towson, Md. 21204 Yusup Oh, M.D. NAME (Type) 23d. LOCATION (City or Town) 230 BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify): 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV. 1/68



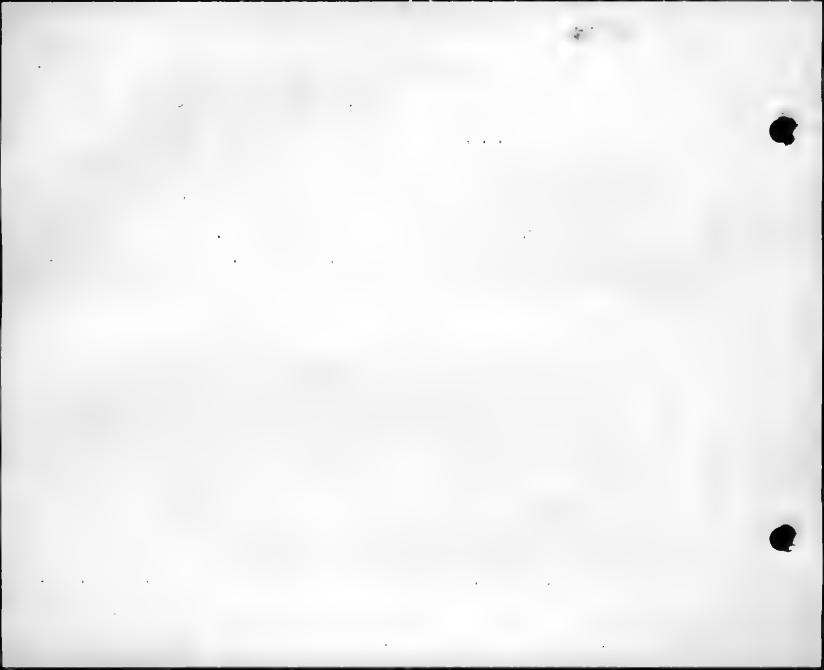
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b HOUR DECEASED-NAME First requires that the death certificate be executed within 24 haurs after death. (Type or print) Month 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS. lost buthday) MONTHS HOURS WHITE campletely filled in by I ave carban papers. Pa 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign B. MARRIED 52 NEVER MARRIED country) KUTIMORE WIDOWED T DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR g ve street address) during most of working life, even if retired.) DUNDALK 42120 116 22 1615 and in any event, 13d. INSIDE CITY LIMITS? 13a. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 13b. COUNTY YES 🗔 remaye 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First physician and please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (es, na, or unknown) CESTER WITE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND CHATE-PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, it any, which gave ! burial-transit rise to immediate couse (a), signed by 1 DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been ‡ 20a AUTOPSY? 206-IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 by the haspital ar 216. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 216 TIME OF INJURY ATTENDING PHYSICIAN: <u>fa</u> TOR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Dov (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County State City or Town While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 1960 to 3/3, 1960 that (I) (we) last saw the deceased olive an 1960 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (dul not) view the body after death. 22c DATE SIGNED 22b SIGNATURE DEGREE PHYS DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) BAUTIMORE ALTIMBRE ILATIONAL 256 REGISTRARS SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 9 FUNCRALHOMA - DUNDALA 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 6621 CERTIFICATE OF DEATH **DECEASED NAME** Middle Last 2c. DATE OF DEATH First 2b. HOUR (Type or print) Month 7 JOHN 68Year WALTER KREIS :10am 3. SFX 4. RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) MALE 1/22/02 WHITE the attending physician and completely filled in byers list permit. Then please remove corbon papers. Pagmation, or removal, and in ony event, within 72 hours 7a. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH law requires that the death certificate be executed within 24 hou 8. MARRIED NEVER MARRIED country) U.S.A. SIMBIRD X BALTO. WIDOWED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)
retired_cab_driver TOWSON give street address) INDUSTRY G.B.M.C. 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 136 COUNTYBALTO. MD. BALTO. 2647 NO. CHARLES ST. YES X NO 14 FATHER'S NAME First M ddle Last IS MOTHER'S MAIDEN NAME First Middle Last JOHN KREIS CATHERINE SCHAEFFER 17 INFORMANT Mrs. G. Laurence Waltes 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, ng, ar unknawn)) (If yes give war or dates of service) 214-22-5394 PATIENTS CHART 8 Dunkirk Rd. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).)
PART 1 DEATH WAS CAUSED 8Y: RECURRENT BETWEEN ONSET AND GEATH ADENO CARCINOMA OF THE signed by the attendir buriol-transit permit. COLON IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause buriol, PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to be 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X YES 🗀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. 21e. PLACE OF INJURY State County City or Town White Not while at wark 22a. I certify that (1) (this haspited) attended the deceased from saw the deceased alive an ... and that in (my) (60) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR 5/7/68 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S E.R. SOUDTITN NAME (Type) GREATER BALTO., MEDICAL CENTER 23a. 8UR AL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 5/10/68 Balto. New Cathedral Cem. Md. 25b REGISTRAD SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 6500 York Rd. Mitchell-Wiedefeld Home 30M REV Balto. Md. 21212



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g DATE OF DEATH 1. DECEASED-NAME last 2b. HOUR Manth 18 (Type or print) Day 1968ear WILLIAM MILTON KRIEB 8.150 A May 4 RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF LINDER I YEAR last Jurthday) Male June 18, 1899 White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED (country) Maryland Baltimore U.S.A. WIDOWED [7] DIVORCED | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within give street address) during most of working life, even if retired) Forest Avenue Catonsville 13e STREET AND NUMBER burial, cremation, or remaval, ond in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIAUTS? 13b COUNTY Maryland Baltimore Catonsville 116 Forest Avenue 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Louis Krieb Annie Cain 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Mrs. Theodore B. Clark, 116 Forest Ave. Yes, na, ar unknawn) If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part) or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State FUNERAL DIRECTOR: After this While Not while of wark 22a. I certify that (I) (this hospital) attended the deceased from SEPT-3, 1958, to MAY 18, 1968, that (I) (we) last saw the deceased alive on AAY 17, 1968, and that in (my) (our) apinion death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR DEGREE 22e. ADDRESS 4116 22d. PHYSICIAN'S Edmondson Ave., Balto., Md. 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BUR AL, CREMATION, (County) Baltimore, Maryland 5-21-1968 Loudon Park Cemetery 24. FUNERAL DIRECTOR
Howard H. Hubbard, 4107 Wilkens Ave. 2Sb. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR



& SON

EVANS

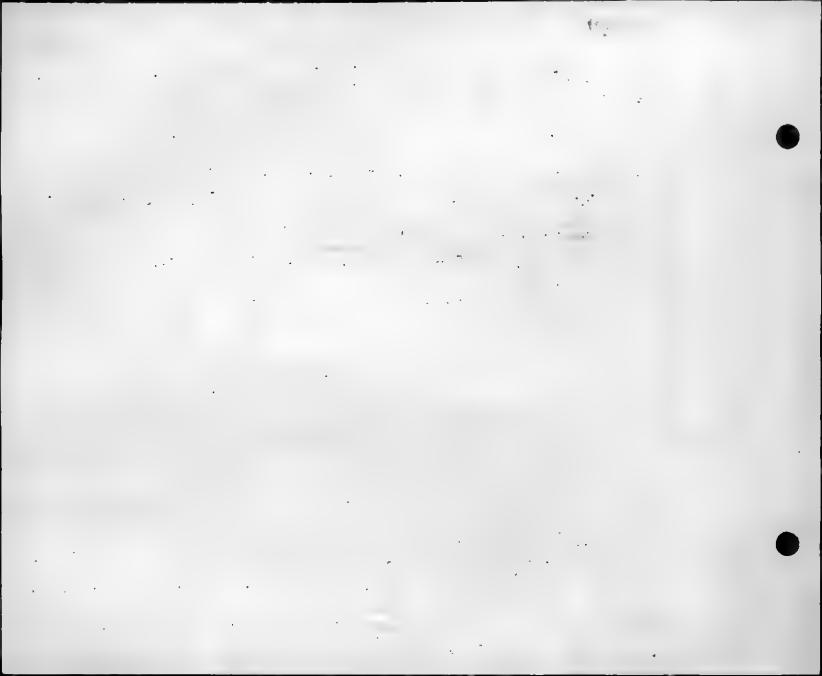
30M REV.

8802

Harford Road

DATE

1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE OF DEATH (Type or print) Minnie F. 29 1968 Kuhn 4 RACE S. DATE OF BIRTH 3. SEX 6 AGE (In years 1F UNDER 1 YEAR lost birthdoy) female white July 4, 1881 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Md. Baltimore U. S. WIDOWED IX DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of warking life, even if retired.) housewife STATE HOSP. Catonsville 130 USJAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY. YES X NO Md. Balto. 2230 Wilkins Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Lost Lost Charles Somers Margaret Kane 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulmonary Embolism, massive, presumptive, Immediate DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) unknown (b) Thrombophlebitis, presumptive, rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ()Varicose Veins, bilateral, moderate 20 years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Sen 110 A)Arteriosclerotic Cardiovascular Ht. D.s. 2)Arteriesclerosis, Gen. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this haspitol) attended the deceosed from 1900 29 , 19 611, to 1919 29 , 19 68 , that (1) (we) last saw the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and that in (my) (0) appropriate the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 19 60, and the deceased alive on 1919 29 couses stated above, (1) (WEXAM) (did not) view the bady after death 22b. SIGNMTURE 22c DATE SIGNED ATTENDING 5-29-68 DEGREE SPILING GROVE STATE HOSPITAL 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE (County) (Stote)

O FUNERAL DIRECTOR: After this certificate shauld 30M REV. 11/48

after death

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please remave carban

signed by the attending phy burial-transit permit. Then

has been

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prior to l

requires that the death certificate be executed within 24-frows

24. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Avenue

6-3-1968

Loudon Park Cemetery

250. REC'D BY REGISTRAR 21224

Baltimore, Maryland 25b REGISTRAR S SIGNATURE





06722

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Their pelal director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages Lond 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and inconstruction, within 72 hours after death

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16729

- 1														70 0	
		PLACE OF DEATH O. COUNTY					2 USUAL RESIDENCE D. STATE					TV	APT		,
	,	Ba.	ltimore		MARYLAND		o. STATE Maryland b. COUNTY COUNTY								
	(b CITY OR TOWN (If a	utside corporate limits	,	c LENGTH OF STAY IN TE		c CITY OR TOWN (II	lf out	tside corpoi	rote limits,	vrite RUR/	At ond give i	neorest t	own)	
		write RURAL and give nearest town) Baltimore						al	timo	re					
,	(d name of Hospital	OR INSTITUTION (If no	t in hospitol, g	give street oddress)		d STREET ADDRESS						е	IS RESID	ENCE
5			illa Nurs	ing Hor			5	11		39th :			YE	ON A FA	NO L
-/		NAME OF DECEASED	Fire	st	Middle		Lost	- 1	4 DATE OF		Month	1	Doy	Yeo	or
1		(Type or print)	Mary		Elizabeth		Lacey		DEATH	-	May		28		68
ĺ	· .		. COLOR OR RACE	7, MARRIED	AARRIED NEVER MARRIED 8		DATE OF BIRTH			9 AGE (In	yeors	Months Days Hours		24 HRS.	
ı	ı	Female	White	WIDOWED	DIVORCED [July 17,	18	75	lost burt	yrs	muntis	Luys	110015	Delet
	10o	USUAL OCCUPATION (G	ive kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Cou	unty 8	State, or fi	oreign count	ry)		ZEN OF V	VHAT	
	dur	ing most of working life	, even it retired) . f O	ő	wn Home		Balti	mα	re. N	(arvl	had	COU	NTRY?	J.S.	Α.
- 1	_	FATHER'S NAME		1 . •	***************************************		14 MOTHER'S MAID			idly 1	arru _				
_ [John C	ochran				Mary	K	ino						
- }	15.	WAS DECEASED EVER I		16	SOCIAL SECURITY NO	17 1	VEORMANT		9		Addres	35			
		s, no, or unknown) (if	yes give wor or dotes o	f service)											
	_	No [The Art of	122		51	ster M. C	18	lotte	R.S	·M.b	400 B		VAL BET	Ave.
			H (Enter only one cous WAS CAUSED BY	se per line tor	(o), (b) and (c))	1	1 1	- 4		- 10	~			(and d	
1			IMMEDIATE CAUSE (· Usterno	4	curre	<u>//</u>	cary	Vin	4111		1- Y		
ı		4129	DUE 1	10									//		
		Conditions, if ony, w	nuse (a)	(b)			1	_							
- 1		stoting the underly		7.	-10-11	0-	1.	1	7 -	-	_				
		last,		(c)	ne many	w	cent be	0	ron	2			7		
اد	<u>ج</u>	PART II OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTING T	TO DEATH BUT NOT RELATED	0 10 1	HE TERMINAL DISEASE	CON	DITION GIV	/EN IN PART	1(a)		19 W	AS ALTO	ED3 D52A
7-	Š	学											YES		NO 🔀
	CERTIFICATION	200 ACCIDENT WAS U		20b. DE	SCRIBE HDW INJURY OCCUR	RED (Enter noture of injury	rin F	ort I or Po	ort II of iten	ı 18)				/\
	9	(IF EITHER, NOTIFY ME													
	MEDICAL	20c TIME OF INJURY	Month, Doy, Year				E OF INJURY (Home,			(City or	town)	(Cour	ity)	((Stote)
ı	ME	Hour om.	19	While of worl		facto	ory, street, office bldg ,	etc)			/				
			that M (this has		ded the deceased fra	m 7	1/12	11	964:	to 5	128	196.	(That	(blood)	we) las
			eased alive on K	124/6/	f 19 and	that	deoth occurred				auses a				
		220. SIGNATURE	0 01						1,			22b DA/	E SIGNED	1	
- 1		Farl	L. Cha	mber	2	M.D	ATTENDING PHYS		MFD DIRECTOR	STA PHY		15/5	28/	6 8	-
		22c PHYSICIAN'S	- / :	01	1		22d ADDRESS	0	1 4	111		· 8n	11'		
П		NAME (Type)	FOR/ LI	Cha	m b = 13 -		4105	fu	berty	145	Ein	Br	lo	-1	mel
-	230	BURIAL, CREMATION,	23b DATE THE	REOF	23c. NAME OF CEMETER	Y DR (REMATORY	-	23¢ L	OCATION (C	ty or Tow	/n) (C	ounty)	(5	tote
	_	REMOVAL (Specify)	5/31/6	8	St.Mary's		hunch		P	alti	1020			Md	
-	24	EUNERAL DIRECTOR			ADDRESS	-	25a R	REC'D	BY REGIST	RAR	25b 8EG	SISTRAR'S SIG	NATURE	TICL	•
	H	.W.Jenki	ns & Son	s Co	_4995 X grk	R	oad MAY	Y S	3 1 K	968	fich	pres	Joegh	SE.	



2b HOUR 7:40P.

Last

State

(State)

Middle Last 2a. DATE OF DEATH DECEASED-NAME First (Type or pant) JOHN W. LANCASTER 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER YEAR IF HINDER 24 HRS. 6. AGE (in years MALE NEGRO 5/29/07 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED XMEVER MARRIED country MARYLAND BALTIMORE COUNTY. U.S.A. DIVORCED | WIDOWED [7] within 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the deoth certificate be executed within FORT HOWARD please remove corbon 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 130 STREET AND NUMBER
902 FRANKLINTOWN ROAD 13d. INSIDE CITY LIMITS? admission) STATE MARYLAND 13b. COUNTY YES Y BALTIMORE 15. MOTHER'S MAIDEN NAME First SUSIE Middle 14. FATHER'S NAME Last JOHN LANCASTER GREEN 16b. SOCIAL SECURITY NO 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, opunicnown) 217 07 46 04 CLIN.RECORDS, VA HOSPITAL, FT. HOWARD, MD. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)

LUNG ABSCI BETWEEN ONSET AND GEATH LUNG ABSCESS, RIGHT WITH EMPYEMA WEEKS DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) buriol-tronsit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) ARTERIOSCLEROTIC HEART DISEASE BRONCHOPN EUMON IA. has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES YES IX NO F O FUNERAL DIRECTOR: After thin certificate 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Port 2, Item 18) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. City or Town County While Nat while at work 22a. I certify that (X) (this haspital) attended the deceased from 4/29/68 saw the deceased alive an 19 and that in the ___ta 5/1/68 and that in (fin) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did) (although) view the body after death. 22b SIGNATURE **ATTENDING** MED. DIRECTOR director, poge 3 should be filed v DEGREE PHYS 220 ADOREST FORT HOWARD, MARYLAND 22d. PATYSICIAN'S NAME (Type) JOHN D. TALBERT, M. D. 23a BURIAL, CREMATION,
BURIAL (Specify) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) BALTIMORE NATIONAL BALTIMORE, MARYLAND RECD BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR

VR A15 (4) 30M REV, 1/68



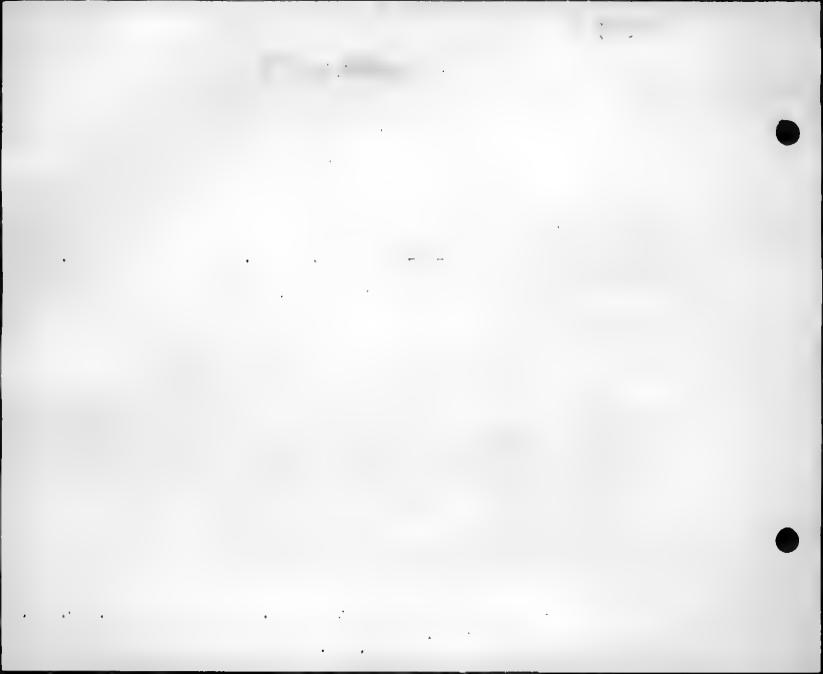
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the

21d INJURY OCCURRED While Not while at work __, 19<u>_68</u> , that (1X (we) lost 22c DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. May 2, 1968 ar men DEGREE 22e. ADDRESS 22d. PHYSIEIAN'S Benjamin del Carmen, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) Baltimore, Maryland
25a. RECD BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE 5/6/68 Duleney Valley
ADDRESS 24. FUNERAL DIRECTOR Leonard J Ruck Inc Baltimore, Maryland

VR A15 (4) 30M REV 1/68



, 1		MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	36
HEALTH_DEPT.	1. D	ECEASED-NAME First Middle Lost Zo DATE KNOWN Month D	ay Year 2b HOUR
S 0 9 50	L	Type or Print) Sarah Ann LANT.Z OF ESTI- DEATH MATED 5-	18 188 10 TH
delay	3 5		2d HOUR
0 2	_	F W 4/21/22 GEVEN MONTHS DAYS HOURS MAN. Month Day	Year 1865 11 3 M
1, 2, 1m P	/a caur	BIRTHPLACE (State or, toreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH ITY) Many 200 0 US A WIDOWED DIVORCED 1	
oges b for tate	10. 0	101/1-11	to Y C MC
after death 8. Give Pages along with for wan the State	1		DUSTRY
at on the first		USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 3d INSIDE CITY UM 15? 13e STREET AND NUMBER	0.1
		114. SELTE, 174000 S 115 116 3307 1759 D	burne Kd.
24 hours in Item 1 r's Office ss land	14	ATHERS NAME First Middle Last IS MOTHERS MAIDEN NAME First Middle Milton Lantz Iva Pauline Willard	Last
ncl in nuner's pages hours	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	(1)	earn or unknown) (Hyss give wor of dotes of service) 220-18-1560 Mrs. Iva P. Lantz Lantz	, Md.
shauld be executed with a ward "pending" in perties the Chief Medical Exantial-transit permit. File in any event within 72		IB. CAUSE OF DEATH (Enter only one cause per image for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN CHSET AND DEATH
e executer pending" ef Medical nsit permit.		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Car Dis - Vais cular Disease	Suddan
pen 'pen nsit nsit nsit nsit nsit nsit nsit nsi		Conditions, if any, which gave)	
Part of A		rise to immediate cause (a), (b)	
shauld be executed te ward "pending" ii ta the Chief Medical burial-transit permit.		kasi (c)	
This certificate shauld cate, writing the ward be farwarded to the Ch be used as a burial-train remayal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rtifica riting rarder ed as val, a	NO	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certii ate, writ e farwai be used remava	CERTIFICATION	WAS PERFORMED?	YES NO DE
	CERT	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of anjury in Part 1 or Part 2, Item	
INER: T e certific should b files. 3 should eatian, ar	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19	
2 + + + + + ;	W	21d. INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, white Not white factory, affice building, etc.) 21f LOCATION Street at R.F.D. No. City or Tawn	Caunty State
© ≥ 5 ~~ ′		AT WORK AT WORK	1
JICAL E lease exect director Pa etained far DIRECTOR: ir ta burial,		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from. Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apinion
to Service of the ser			- Loka
<u> </u>		SIGNATURE COMENT. The Somethis MD. ASSISTANT MEDICAL EXAMINER 226 DATE SIG	SNED 5/18/68
DEPUTY seessary, p e funeral may be re FUNERAL ealth price		EXAMINER'S DEPUTY MEDICAL EXAMINER 12 /3/1/5/	SACID VA
O DEPUTY necessary, the funera 5 may be O FUNERA	230	NAME (Type) 3277 CS VI COUNTY) B2/40. BURIAL, CREMATION 230 DATE 230 NAME OF CEMETERY OR (REMATORY 23d LOCAT ON (City or Town) (C)	Md 21227 aunty) (State)
		5-22-68 United Trethren Cem. Thurmont Fred	., , ,
PO	24.	FUNERAL DIRECTOR 250. RECID BY REGISTRAR 256 REGISTRARS SIG	NATURE
VR A15ME (5) 10M REV 1768	10	ymont Toriager Thurmont, Md. DATE MAV 9 1 1000 Rlie	ACWA Antestant



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36733 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2o. DATE OF DEATH 2b. HOUR First deoth. (Type or print) NN MA Month 4. RACE 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS HOLES lost birthony? ours low requires that the death certificate be executed within 24 haurs, 9. COUNTY OF DEATH 7c. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Balt signed by the ottending physician and completely filled in burial-transit permit. Then please remave carbon papers. within 72 k USA DIVORCED | WIDOWED [120, USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired) give street address **INDUSTRY** USUAL RESIDENCE (Where deceased lived, if institution Residence before 130 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Balto YES 📉 13b. COUNTY 3007 NO F and in ony 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Lost GILCHRIST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) KING, 1301 RAMBLEWOOL ar remayal, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (o) ond (c)) crematian, DUE TO, OR AS A CONSEQUENCE OF 1964 Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNATIONAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) os the prior to l TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO F 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. be detached AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County State OFFICE BUILDING, ETC. While Not while at work 22a. I certify that the (this haspital) attended the deceased from 19 and that in (Der) (aur) apinian death accurred an the date and haur and from the saw the deceased alive anbe retained should causes stated abave. (We) (did) (alle not) view the bady after death. 22b. SIGNATURE/ ATTENDING director, page 3 > should be filed v DEGREE PHYS. 22e_ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) New Cathedral Baltimore Maryland 24. FUNERAL DIRECTOR H.W. Jenkins **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 80 York Rd. 1968 30M REV



MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 19 19 19 19 19 19 19 19 19 19 19 19 19									
	1 DE	CEASED NAME Fi	rst	Middle	Lost		DATE OF DEATH	2b, HOUR			
	(T	ype ar pnnt) Ba	by Boy		LAWRENCE		Month Day Year 11:10 May 23 1968				
	3. SE	X	4. RACE		S. DATE OF BIRT		6. AGE (In years last birthday)	F JNDER 1 YEAR 1F UNDER 24 HRS. MONTHS DAYS HOJRS MIN			
	Ma	ale	White		May 23	, 1968	YRS.	5 58			
	70 E	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT CO	UNTRY? 8. MARR	IED NEVER MARRI	ED (9 CO	UNTY OF DEATH				
	M	aryland	U.S.A.		/ED 🗍 DIVORCI	10 🗀 Ba	altimore,	Md			
	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INST					CUPATION (Kind of work done working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY				
	_	owson	ST. J	OSEPH HOSP.		N/A.					
		LSUAL RESIDENCE (Where decision) STATE	eosed lived, if institution: Re 13b. COUNTY			d. INSIDE CITY LIMITS? YES NO NO	13e STREET AND NUMBER	A			
7	M	ervlend	130. COM11	Bal1	Baltimore YES		4001 Wilsby	oy Ave.			
Alle-	14 F	ATHER'S NAME First	Middle	lost	IS. MOTHER S MAIL		Middle	Last			
		Rich	ard	Lawrence		Mary	Јоусе	Drexler			
	16a, Y	was deceased ever in u.s. / es. no. or unknown) (If yes gi	ARMED FORCES? ve war or dates of service)	OCIAL SECURITY NO.	17. INFORMANT Mother		Address				
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	DUE TO, OR AS A CO	INSEQUENCE OF				APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH			
		stating the underlying cous last.	DUE TO, OR AS A CO								
	_	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATE	D TO THE TERMINAL !	DISEASE ORCONDIT	HON GIVEN IN PART 1(a)				
,	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?						ONSIDERED IN CERTIFYING			
	MEDICAL CER	21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF C (If either, natify med.cal exa	DEATH HOUR A.M. Mon	Y th Doy Year 19	c HOW INJURY OCCU	RRED (Enter natu	re of injury in Part 1 or Part 2,	Item 1B.)			
	ME	ot wark of wark	In. PLACE OF INJURY (AT HOM OFFICE				City ar Tawn	County State			
		22a. I certify that (1) (this hospital) attended the deceased from 5/23/, 19.68, to 5/23/, 19.68, that (4) (we) last saw the deceased alive on 5/23/, 19.68 and that in (my) (aur) opinion death occurred an the date and have and from the couses stated above, (1) (we) (did) (did nat) view the body after death									
,		22b. SIGNATURE	_7. ou.		DEGREE PHYS	☐ DIRECTO	C STAFF C	DATE SIGNED			
1		22d. PHYSICIAN'S NAME (Type)	WRENCE !	MISANIL		O York R	d., Towson, Md	. 21204			
}		REMOVAL (Specify) -	7 (8	23c NAME OF CEMETERY	School	13	LOCATION (City or Town) Reltiner In	(County) (State)			
	24	FUNERAL DIRECTOR		ADDRESS	1 -	SO REC'D BY REG	SISTRAR 25b. REGISTRAR'S				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit perraft. Then please remove carban papers. Pages I and Zehauld be filed with the State Dept. at Health prior to burial, cremation, by remove, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: Th≡ law majures that the Teath certificate be ex≡≡ted within 24 h≡urs after der Page 4 may be retained by the haspital or attending physician. 30M REY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06734 CERTIFICATE OF DEATH . DECEASED-NAME First Middle Lost 2o. DATE OF DEATH (Type or print) May 19. Anna M. Lee 4. RACE S. DATE OF BIRTH 3. SEX IE UNDER 1 YEAR IE UNDER 24 HRS 6. AGE (In years lost birthdoy) Aug. 12, 1895 female white 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED requires that the death certificate be executed within 24 has country) the attending physician and campletely filled in sit permit. Then please remave carban papers DIVORCED | Baltimor e Md. U. S. WIDOWED T 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress)
SPRING GROVE STATE HOSPITAL housewife, even if retired.) INDUSTRY Catonsville 130 US_AL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 34 INSIDE CITY LIABITS? 13e STREET AND NUMBER odmission) STATE 13h COUNTY YES TO NO TO 2200 Wilkens Avenue Balto. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost unknown unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, pr unknown) (If yes give war or dates of service) 212-36-8863 Records: SPRING GROVE STATE HOSPITAL bacter em la 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART 4. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Shock, sept BETWEEN ONSET AND OFATH Shock, septie, with septicemia & probable 2 days infection DUE TO, OR AS A CONSEQUENCE OF Decubitus ulcer, sacral, with secondary Conditions, if any, which gove) 2 weeks burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) disl infarction 1) Arteriesclerotic Cardiovascular Ht. Dis. with previous ant. myocar. as been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CERTIFICAT CAUSES OF DEATH? YES 🗍 ad far use af Health r O HOSPITAL OR ATTENDING PHYSICIAN: 1
Page 4 may be retained by the haspital ar
INTERT DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 23c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d N.JRY OCCURRED 21e PLACE OF INJURY (AT HOME EARM STREET EACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State White Not while at work 22a I certify that (this hospital) attended the deceosed from Jan. 10, 1968, to May 19, 1968, that (we) last saw the deceased alive an May 19 1968, and that in (my) (off) opinion death accurred an the date and haur and from the saw the deceased alive an May 19 1968, and that causes stated abave, (I) (westake (did not) view the bady after death. 22b. SIGNATURE 7 22c. DATE SIGNED ATTENDING 5-20-68 DIRECTOR PHYS 22e. ADDRESS SPRING GROVE STATE HOSPITAL PHYSICIAN S Anthony J. Foung, M.D. NAME (Type) Baltimore, Maryland 21228 director, shauld 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Ritabie Harry D Tien Haven Temetery ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR

S. Charles

Minnelly



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00735

	ECEASED-NAME	First	Middle		Last	20 DATE OF DEATH			2b. HOUR		
(1	(ype or print)	CHARLES	W.	LEE		Month 5	15°	68°	3:20AM		
3. SE	MALE	4. R/	WH ITE	S.	7/4/92	6. AGE (In lost buth		IF UNDER 1 YEAR AONTHS OAYS	IF UNCER 24 HRS. HOURS MIN.		
	BIRTHPLACE (State of	-	ZEN OF WHAT COUNTRY?	B. MARRIED WIDOWED	NEVER MARKIED	BALTIMORE (COUNTY				
0 C	ORT HOWAR	ATH D	NAME OF HOSPITAL OR I	NSTITUTION (If not	in haspital 12a USUAL	OCCUPATION (Kind of w	ork done	12b KIND OF			
	USUAL RESIDENCE (Wissian) STATE MARY	here deceosed lived	, if institution: Residence before COUNTY BALTIMORE		IMORE YES NO			Avenue			
	W	First illiam	Middle Last		AOTHER'S MAIDEN NAME FIG Cece.	l ia 3012	Varm	Wolf	Lost		
	WAS DECEASED EVER	IN U.S. ARMED FOR (If yes give war or dates	(ES? of service) 16b. SOCIAL SECURIT 216 30 5	Y NO 17 INF	ORMANT Mrs. Edna Lw.RECORDS, -	Mae Roitte	Address B	OWARD,	1d 2122		
-		TH (Enter only one of WAS CAUSED BY: IMMEDIATE CAUS	ouse per line for (a), (b), and (NCY				HATE INTERVAL NSET AND DEATH		
	Conditions, it any, vise to immediate stating the underly	DL which gave) couse (a),(IE TO, OR AS A CONSEQUENCE OF RHEUMATIC (b) RHEUMATIC IE TO, OR AS A CONSEQUENCE OF	HEART D	ISEASE, INAC	TIVE					
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
CERTIFICATION	SEPTICE 190. DATE OF OPERAT		ON FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY? YES NO 🍒	20b. 1F YES, WERE CAUSES OF DEATH?		NSIDERED IN C	ERTIFYING		
MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING [(If either, notify me	CAUSE OF DEATH	TIME OF INJURY OUR A.M. Month Doy Yes P.M.		INJURY OCCURRED (Enter	nature of injury in Port 1	ar Port 2, It	em 18.)			
ME	21d. INJURY OCCUR While Not while at work at work	RED 210. PLACE C	OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		TION Street or R.F.D. No	City or Town		County	State		
	causes sta	22a. I certify that (1) (this haspital) attended the deceased fram 3/18/08 , 19 ta 5/15/00 , 19 that (1) (we) last saw the deceased alive an 5/15/08 19 , and that in (1) (our) opinion death accurred on the date and haur and fram the causes stated abave. (1) (we) (did) (36001) view the body after death.									
	0/1	22b. SIGNATURE O CO TOULVEST M.D. DEGREE PHYS DIRECTOR DIRECTOR STAFF 5/15/68									
	22d. PHYSICIAN'S WAME (Type)	JOHN D. 1	TALBERT, M. D.		VAH FORT	HOWARD, MAR	YLAND				
23a.	BURIA-, CREMATION REMOVAL (Specify)	23b. DATE 17 M	4468 LOUDE	f cemetery or cr n PARK N	ATIONAL	23d. LOCATION (City or I BALT'IMORE		(County)	(State)		
24.	FUNERAL DIRECTOR		WITZKE	FUNERAL		1 7 1968 25b. R	EGISTRAR'S S		ge.		
_				mondson-	# v 0 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. in B **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely to directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban should be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, with Page 4 may be retained by the haspital or attending physician.

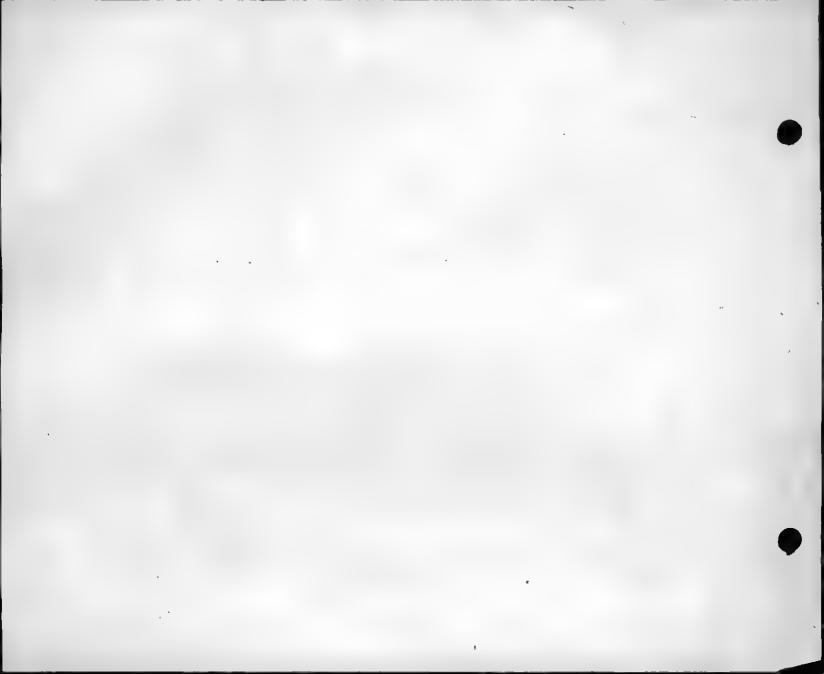
and 2

VR A15 (4) 30M REV 1/6



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ALTH DEPT DECEASED NAME First Middle 2g DATE KNOWN (Type or Print) ESTI-OF Page Henry ny delay is Joseph Leibersberger DEATH MATED 4 RACE 6 AGE (In years 2c. DATE PRONOUNCED DEAD 5 DATE OF BIRTH 2d HOUR 2, and PM3. last birthday) 3/12/00 68 Male Can YRS 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with farm in Item 18. Give Pages 1 New York USA WIDOWED | DIVORCED Baltimore 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSJAL OCCUPATION (Kind of work done 24 haurs after death 12b KIND OF BUSINESS OR Schools during most of warking life, even if retired.) give street address) Catonsville Collwood Rd 'eacher with 13d. INSIDE CITY LIMITS? 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY MdYES NO ST 1010 Collwood Rd Baltimore Catonsville er Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Unknown Graef Leibersberger Karl farwarded to the Chief Medical Examiner's bades houn 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS This certificate shauld be executed within in pencil (Yes, no pr unknown) 132-07-4394 Theresa Leibersberger Same as #13e File APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH event within 1B. CAUSE OF DEATH (Enter any one cause per June for (a), (b), and (c).) permit. PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .5 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) OS be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO T YES [should be Ь 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should HOUR A.M. WEDICAL PRIMARY TOR CONTRIBUTING DICAL EXAMINER: cremation, CAUSE OF DEATH 218 NJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE T Inspection 2 Inquiry and in my apinian the tuneral director. death resulted from Natural causes X. Accident | Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER O DEPUT DEPUTY MEDICAL EXAMINER Health ADDRESS(Street, city, town, or county) BUR AL CREMATION. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) 6/3/68 Lorraine Mausoleum Baltimore Co. Md. Burial 24. FUNERAL DIRECTOR 6212 Balt. Nat. Pike 2Se REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR ATSME Wm. Cook-Brooks West Inc. Balt. Md. 21228 DATE 10M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **CERTIFICATE OF DEATH** 20. DATE OF DEATH Middle 2b. HOUR, . DECEASED-NAME First LIPSCHITZ The law requires that the death certificate be executed within 24 haws alter death (Type or print) Yeor IF JNDER 24 HRS 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR 3. SFX HOURS lost birthdoy) MONTHS 7b. CITIZEN OF WHAT 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign country) remove corbon papers DIVORCED [WIDOWED physician and completely filled within 10, CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 126 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working the event retired) Candalleloren signed by the attending physician ond complete buriol-tronsit permit. Then please remave corb burial, cremation, or removol, ond in ony event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITSA 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (Il yes give wer or dotes of set INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to CERTIFICATION 196, CONDITION FOR WHITH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION CAUSES OF DEATH? YES [NO 🗀 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INDURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d INJURY OCCURRED [AT HOME, FARM, STREET, FACTORY,] 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY Stote City or Town County While Not while of work 22a, I certify that (I) (this haspital) attended the deceased fram_ _1965, and fhat in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an... causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR STAFF PHYS. 22d. PHYSICIAN'S 22e, ADDRESS NAMF (Type) 10 230. BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR



14:2	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	100 C Ver
HEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN Month	Doy Year 2b. HOUR
30 00 00	(YPE OF PROTE HENRY LISTMAN OF EST. May DEATH MATED May	3, 19683:25 1
delay ond 3 M3 PA timent	3. 5	A RACE S DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD In It is the state of the	3, Yeor ,68 3:25.
PM3	4	7 -3 KB	3, Yeor 1968 3:25 M
	(Our	SIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Try) WIDOWED DIVORCED Baltimore	2.05
oges h fo h fo tate	10 (ITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
ter death Give Poges and with for th the State		arrows Point give street oddress) Bethlehem Steet Corp during most of working life, even it rational.	INDUSTRY Conth -
24 hours after death in Item 18. Give Page r's Office olong with ses I and 2 with the Stars after death	130.	USUAL RESIDENCE (Where deceased fived of institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER IMISSION STATE	
urs urs ice cice condo de de de		Imission) STATE Maryland 13b. COUNTY Pasadena YES NO 312 Green Lau: ATHER'S NAME / First Middle Clost 15. MOTHER'S MADEN, NAME First Middle	cal Oaks
24 hours of in Item 18. r's Office old es land 2 wire after deo	14 1	Lene S. Fish Middle List Middle First Middle List	Old
hin 24 nati in niner's pages haurs		WAS DECEASED EVER IN US ANMED FORCES? 166 SOCIAL SECURITY NO. 12 INFORMANT ADDRESS	-00
be executed within "pending" in pencil in Medical Examiner ansit permit. File page event within 72 hau	L	(1/45 gray may or dates of service) 216.386035 mr Leasda Listman	above
be executed with pending" in pending" in pending Exarnief Medical Exarnist permit. File event within 72		CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
e executed pending" ir ef Medical I isst permit.		IMMEDIATE CAUSE (o) MULTIPLE Traumatic Injuries	
pen ef N sit j		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove	
ord bloom		nse to immediate couse (a), (b)	
shauld be en word "perion the Chief I burnal-transit		lost. (c)	
INER: This certificate shauld be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forworded to the Chief Medical Examiner's Office along with form files. 3 shauld be used as a bund-transit permit. File pages I and 2 with the State Denotion, or removal, and in any event within 72 haurs after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifi orword used (movol	CERTIFICATION	190 DATE OF OPERATION 196 COND TION FOR WHICH OPERATION	20. AUTOPSY?
This criticate, vicate, vicate	TIFIC	WAS PERFORMED?	YES 🔣 NO 📋
d be		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR MENT 3 - 268	Item 18.)
INER: 1 e certific should b files. 3 shauld rotion, o	MEDICAL	(AJSE OF DEATH P.M. Play 3, 1900 EXPLOSION WILLIE AL WOLK	
	2	21d INJURY OCCURRED While AT WORK A WORK 21e P.ACE OF IN.JRY (At home, form, street, foctory, office building, etc.) Bullding 21t LOCATION Street or R.F.D. No Sparrows Point	County State Raltimore M D
please execute director. Page retained for you DIRECTOR: Pog ar to buriol, cre	,	22a. I certify that I took charge of the remains described above, held an Autopsy (x), Inspection [], Inquiry	, and in my apinian
CAL EXPENDED TO		death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner	
please exploration of the plant		CHIEF MEDICAL EXAMINER	_
ry, ple eral di be rett RAI Di prior		SIGNATURE W	E SIGNED
		EXAMINER'S Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, sity town, or county)	5-4-68
TO DEPU	230	BURNAL CREMATION 23b DATE / 23c NAME OF CEMETERY OR CREMATORY / 23d LOCATION (OF TOWN)	(Cophy) (Stote)
		ACHOVAL (Specify) 5/1/68 Stery Laven Herr bu	wie me
VR A15ME [S]	74	FUNERAL DIRECTOR 250. REC'D BY RECHORAR 250. REGISTRAGE	SIGNAPURE Judge
10M REV 1/68	يرا	Street of Tanama Severa Why JOATE MAY 7 1968 1	0
	1	WISELY S ISHERANCO MA	





MARYLAND STATE DEPARTMENT OF HEALTH Item#586 Film#GLOO 5/20/68 ph CEDTIFICATE OF DEATH CERTIFICATE OF DEATH 26. HOUR P 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH death. (Type or print) Month DR. WILLIAM LUEDERS , 57. MAY S. DATE OF BIRTH SEX 1897 6. AGE (In years HE UNGER 1 YEAR iost b rthdoy) 69 70 YRS MONTHS HOURS the attending physician and completely filled in by the sit permit. Then please remave carbon papers. Page nation, ar remaval, and in any event, within 72 house at SEPTEMBER 24.1/898 MALE WHITE requires that the death certificate be executed within 24 haurs 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH ILLINOIS U.S.A. BALTIMORE, WIDOWED [DIVORCED [7] 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12c. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY MUDUSIKY JOSEPH HOSPITAL TOWSON 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY HARFORD YES NO . BEL AIR ROUTE # 1. BOX 109 14 FATHER'S NAME S. MOTHER'S MAIDEN NAME First First Middle Lost Middle Lost william LUEDETS HAGAMAN 1505E 17 INFORMANT(WIFE) \$38-4563 TZ = Address , Boy # 109 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give wer or dotes of service) Mrs. RACHEL L. LUEDETS 266-72-5517 BET ATT. Manulova 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND CEATH ACUTE MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if only, which gave a PULMONARY EDEMA rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retained by the haspital ar attending as the has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T of Health g YES 🗌 O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M. (AT HOME FARM, STREET, FACTORY.) 21f LDCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. 1 certify that XXX (this hospital) attended the deceased from MAY 1 , 19 68, ta MAY 17 , 19 68 , that (1) (we) last saw the deceased alive an way 33 19 68, and that in (ny) (aur) apinian death accurred on the date and haur and from the causes stated above, (X (we) (did) (did XX) view the bady after death. 22k? MGNATURE 22c. DATE SIGNED LA DEGREE **ATTENDING** MED. DIRECTOR STAFF PHYS. almano, PHYSICIAN'S 22e. ADDRESS NAME (Type) T. PAGLINAUAN, JR., M.D. 7620 YORK ROAD TOWSON, MD. #21204 director, shauld be 23c. NAME OF CEMETERY DR CREMATORY 23d BURIAL, CREMATION 23b. DATE 23d LOCATION (City or Town) (County) BULLIA (Spec fy) DANIENATON CEMETER DATINGTON HAR food Co, MARY MIN may 14, 1968 25b REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 30M REV W. Broadung & Williams St William Foster BET Air mondoid 21014 your walken fales



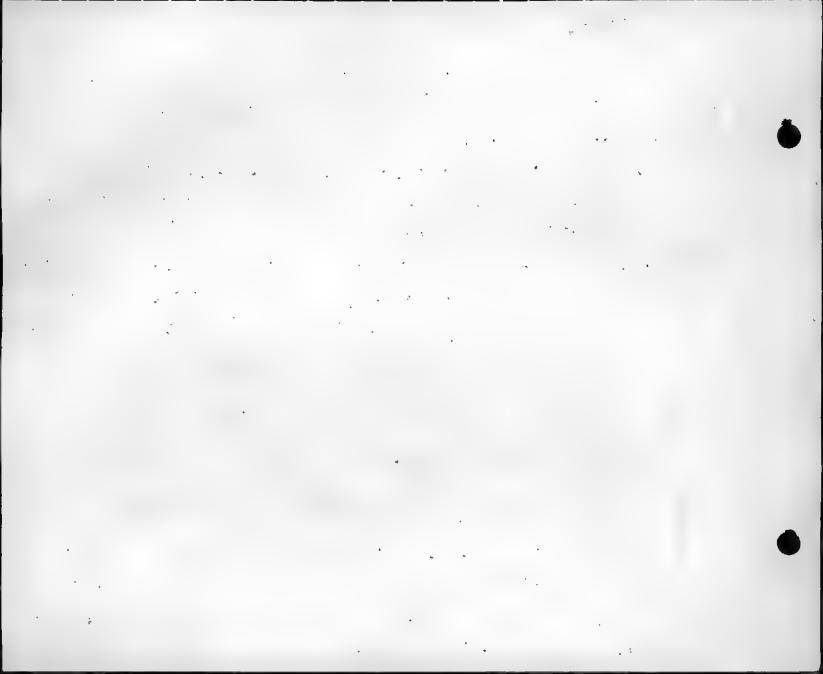
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTIFICATE OF DEATI	n e	. 26
	ECEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
(T	(Ype or print) EUGE	NE J	MAGNANI	Manth Do	E 1968 7A"
. SE	MALE	4. RACE WHITE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
our	BIRTHPLACE (State or foreign intry)	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH BALTIM	ORE MO
	CITY OR TOWN OF DEATH KINGSVILLE	aum stroot address)		DSUAL OCCUPATION (Kind of work done g,most of working life, even if retyed) HEET META C WORKE	
	USUAL RESIDENCE (Where deceased ission) STATE MARYLAND	d lived, if institution Residence before 13b. COUNTY BISCTIMORI	E KINSSVILLE YES		RUCE TERRACE
)4 F	FATHER'S NAME FIRST EUGENE	Middle Lost		Middle Url K.	Lost
		ED FORCES? If or dates of service) O WAR II 216-01-1	1000	MALNANI 13 SILV	EK SPRUETER
	PART I DEATH WAS CAUSED	Y ane cause per line far (a), (b), and BY. TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	e toronanji	homboris least Dis	APPROX.MATE MITERVAL BETWEEN ONSET AND DEATH O solicin Gyplice
z	PART 2 OTHER SIGNIFICANT COND		NOT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(a)	
CERTIFICATION		ONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY? YES \ NO	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
CAL	21a ACCIDENT WAS UNDERLYING ar contributingcause of Death (If either, notify medical examine	HOUR AM Manth Day Ye		Enter nature of injury in Part 1 or Part 2	. Item 18.)
MED	While Not while of wark	PLACE OF INJURY (AT HOME, FARM STREET, OFFICE BUILDING, ETC.			Caunty State
	saw the deceased ali	s haspital) attended the dece ive an (I) (we) (did) (did nat) view to	ased from , 1 19 , and that in (my) (aur) he bady after deeth.	apinión death accurrent an the d	late and haur and tram th
	22b. SIGNATURE	Il Wood	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. D	DATE SIGNED
	22d. PHYSICIAN'S NAME (Type) WKM	IAN K WONE		BELAIR RD. 2	
L		AY 31 1968 PAR	OF CEMETERY OR CREMATORY KWOOD (EMETER	23d LOCATION (City or Town) Print TAYLOR AL	
24. 7	FUNERAL DIRECTOR THE DIPPE BRO	SINC 7110 BE	ESS 25a. REC	D BY REGISTRAR 25b. REGISTRAR MAY 3 1 1968	is signature

Pages 1 and 2 les after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon page as should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 7. Poge 4 may be retained by the hospital or ottending physician.

VR ATS



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CER	TIFICATE OF DEATI	d	
	Lost	2g. DATE OF DEATH	
a	MANTICH	Month Day	

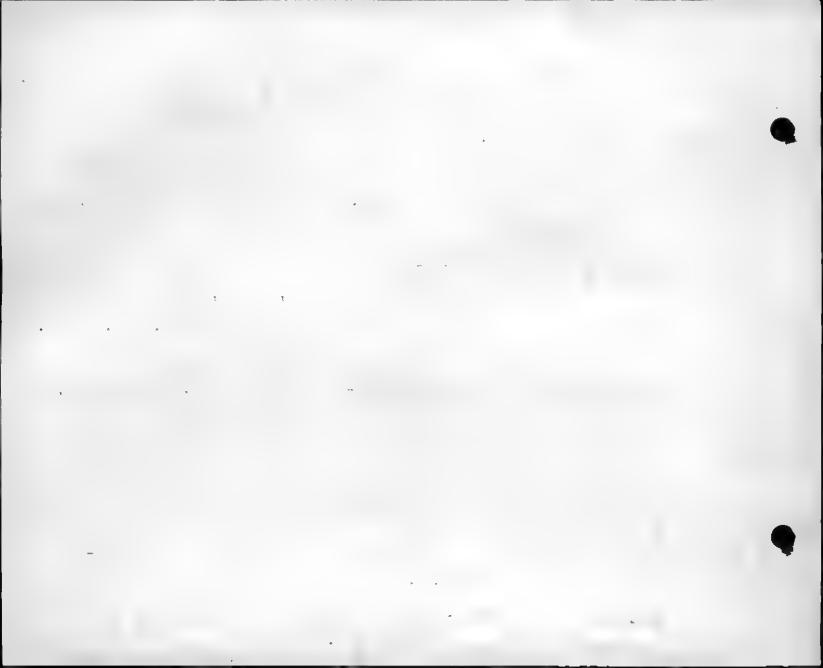
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ı		CEASED-NAME	First		Middle		Lost		2a. DATE OF				2b. H	
ı	(T	ype or print)	Clair	re	Veronica]	MANTICH			Month 5	Day	68	2:0)5 ^P /
ı	3. SE	X		4. RACE	-		S. DATE OF BIRT	Н		6. AGE (In years		IDER 1 YEAR	IF UNDER 2	24 HR5
1		Female		l t	White		3/	10/54		last birthday)	YRS.	HS DAYS	HOURS	MiN.
ı	7o. B	BIRTHPLACE (State of	ur foreign	7b. CITIZEN OF WH.		B. MADDIED	NEVER MARRIE		COUNTY OF	1	1113.			
ı	coun	itry) _ `_		TT C /		WIDOWED			Balti	mone				Md
N	40 C	D. C.	TEATH	U.S.A	ME OF HOSPITAL OR INST					MO re (Kind of work d	one 12	b. KIND OF I	RITSIMESS	
				give st	reet oddress)	`			st of warking l	life, even if retire		DUSTRY		J.K.
1		wings Mi			sewood Staten: Residence before			INSIDE CITY LIM	Depen	dent REET AND NUMBE		N	one	
-		ission) STATE	(where decease	13b. COUNTY	on: Kesidence Derore		v	I OH T 237						
			ryland	Montgo			er Sprin	8	X_1850	l Mayfai		ace		
^	14. F	ATHER S NAME	First	Middle	Last		is. Mother's maid			Midd			Last	
7			eorge	James				Lo	is		ella	M	eeke	r
1	16a.	WAS DECEASED EVI	ER IN U.S. ARM	ED FORCES? In or dates of service}	16b. SOCIAL SECURITY N	0 17.	INFORMANT			Addre	\$\$			
ı		'es, no, or unknown) no	(11)13 g118 W4		none	R	osewood	Record	ls. Owi	ngs Mill	s, M			
		1B. CAUSE OF DE	ATH (Enter anl	y one cause per lin	e for (a), (b), and (g))	110	- 1	\	11	^			MATE INTERV	
-		PART I. DEAT	H WAS CAUSED	BY: TE CAUSE (a)	lateral:	Htel	er tue	ś M	awlos	1		Tzvi	Men	W
1		1/39 X	IMMEDIA		A CONSEQUENCE OF	^	3-1					1	_	. 1
1		Conditions, if any	, which gave)	# John J	VC	(100	ndress	00.00				Loun	1 116	1
		rise ta immediat		DUE TO OR A	A CONSEQUENCE OF	<u> </u>		_	1 -	A				
		stoting the unde	riving couse	10, S	- 10 6	اللعدد	11/5	De sa Ci	1 5	alios	5	4ec	15	
		- 17.3	GNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED	TO THE TERMINAL D	SEASE OR CO	NDITION GIVE		-		1 1	/
		6	140	No bar	1.7		1.6. F	-	halos	. 11	0.4	40 ,;	1+1	
	ION	19g DATE OF OPER	ATTION 10h (CANDITION EUD MHI	CH OPERATION WAS PER	FORMED	20o, AUTOPS			YES, WERE FINDII	NGS CONSIL	DERED IN C	RTIFYING	<u> </u>
	E.	THE DAIL OF OFEN	Allon 170.	ONDITION TOK HITE	CITOTERATION WAS TER	IOMITED	YES FEL	NO I		OF DEATH?	103 CO.1312	Little iii ti		
	CERTIFICATION	210 ACCIDENT W	AC TIMPLEDI VIMI	G 216 TIME OF	INIIIDV	21.	HOW INJURY OCCUP		nature of min	nu in Paris ar Pa	et 2 Hom	1D)		
1		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M	Month Doy Year	1216	HOW INJURY OCCUP	KKED (EIIITEI	nature at injul	y in run : urru	tt Z, nem	10.3		
	MEDICAL	(If either, notify n	nedical examin	er) PM.	19									
	_	21d. INJURY OCCL While Not wh	JRRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f.	LOCATION Street	or R.F.D. No.	City	or Town	(o	unty	2	tote
		lat work — at wo	rk — I		731		-4-71.				10 60			
		22a. I certify	That 🐴 (thi	s haspital) atte	nded the decease	d from	1/4	, 1920	≥, ta	5/2	, 19 <u>00</u>	that	(#\$ (w	e) las
		saw the	deceased al	ive an 5	diction twiew the	ndy ofter	nd that in (1007)	(aur) apın	nan death c	iccurred an tr	ie date a	na naur	and Tra	m in
		22b. SIGNATUR	men douve	(we) (ald)	A THE L	udy une	i dedin.				22c. DATE	SIGNED	10	
	Ų			15/1	Janes	DEC	GREE PHYS	ME NE	D. RECTOR	STAFF PHYS.	5	met!	18	
i		22d. PHYSICIAN'S	The same	CE	1	DE	22e. ADDRE		KELTOK -	rn13.	- // (0 0	-
		NAME (Type)	Richa	rd A. Jor	nes, M.D.				. Hosp	., Owing	zs Mi	11/s.	Md.	
	220	BURIAL, CREMATIO			1/23c NAME OF C	EMETERY A				N (City ar Tawn)		ounty)	(State)	
	23d.	REMOVAL (Specify)		ay 6, 19					Forest	, ,	,	qomer		/ld.
	24	FUNERAL DIRECTOR		uy 0 5 1 3	ADDRESS			Sa. REC'D BY					-	
	_			3 07:	14 ILST-W			DATE -MA		1968 /	RAR'S SIGN	las &	unda?	ISBs
	1	シングロム	LI NO	2021	1-1-10	W	4	DAIL WILL	11	INOU /		(/	0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled many he funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pupels to go 1 and 2 adjusted with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 boars after death. TO HOIPITAL OR ATTINBING MIYSICIAN: The law requires that the limit certificate be executed within 21 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR AT5 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME 20. DATE OF DEATH First Lost requires that the death certificate be executed within 24 haurs after death (Type or print) Marshall Arvester 4 RACE S. DATE OF BIRTH 6. AGE (In years JE UNDER 1 YEAR last birthdoy) male Negro May 7, 1919 physician and campletely filled in by en please remave carban papers. P 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Baltimore North Carolina WIDOWED [DIVORCED [U.S. 10 CITY OR FOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) Catonsville STATE HOSP. 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIGE CITY LIMITS? 13h COUNTY YESF Balto. 110 Arlington Ave. IS, MOTHER'S MAIDEN NAME First Bertha Trice William Marshall 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) the attending phys 273-12-7175 Records: SPRING GROVE STATE HOSPITAL Army 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) BETWEEN ONSET AND CHATH PART I DEATH WAS CAUSED BY: Myocardial Infarction, Acute, death, acute IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF With previous myocardial infarction Arteriosclerotic Cardiovascular Ht. Dis.l year. Canditions, if any, which gave) signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Central Nervous System (meningo-vascular) system, treated(Oct. 67) TO FUNERAL DIRECTOR: After this certificate has been the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19th DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH'S YES [210. ACCIDENT WAS UNDERLYING 21c HOW MOURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY þ TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, natify medical examiner) 21d INJRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that 20) (this haspital) attended the deceased from Sept. 13, 1967, to May 12, 1968, that 20) (we) last saw the deceased give on May 12, 1968, and that in (my) 2007) appropriate the date and hour and from the causes stated above, (1) xarektard) (did nat) view the body after death. 22c. DATE SIGNED 22b SIGNATURE director, page should be filed 22e ADDRESS SPRING GROVE STATE 22d PHYS CIAN'S Anthony J. Toung, Baltimore, Maryland 21228 (Stote) 230 BURIAL CREMATION. 23b DATE (County) 2Sb REGISTRAR & SIGNATURE VR A15 [4] . 1510 Facettille St. 30M REV 1/68



ae738

postely filled in by the funeral corbon gapers. Pages 1 and 2 at within 72 hours offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and conditionally and conditionally and the director, page 3 should be detoched for use as the burial-tronsit permit. Then please removed ahould be file with the State Dept. of Health prior to burial, cremation, or removal, and in any expended the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

*			,	
CERTI	FICA ₁	E OF	DEA	TH

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2.4			CEASED-NAME First		Middle	Last	2a. DATE OF DEATH	2b. HOUR
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		3 SE	X	4. RACE	14/11/	S. DATE OF BIRTH		FUNDER YEAR IF UNDER 24 HRS.
y the t Poges urs ofte			m	LU)		1/1/911	lost biothday) YRS.	DAYS HOURS MIN.
는 유리		7o F	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COL	INTRY? B	RRIED NEVER MARRIED	9 COUNTY OF DEATH	
25.5 27.5 27.5		cani		0.5.	7404	OWED DIVORCED	RAITA	Lu Lu
Illed Illape		10.0	ITY OR TOWN OF DEATH		HOSPITAL OR INSTITUTION		USUAL OCCUPATION (Kind of work dane	Md. 12b, KIND OF BUSINESS OR
	9		-	give street a		_ durin	g mast of warking life, even if retired)	INDUSTRY
1 9 E	4		USUAL RESIDENCE (Where decease	ad lived if institution Pe	sidence helore 1134	TY OR TOWN 13d. INSIDE	CITY LIMITS? 13e STREET AND NUMBER	
	15.13		ssian) STATE Md	13b COLLARDO		ONSVILLE YES	NOB 15 N. BELLE	GROVE
remar remy	1	14.	ATHER'S NAME , First	Middle	Last	15. MOTHER'S MAIDEN MAI	ME First Middle	Last
F = 1			natthew		artin	1	ane gat	fney
physicion and ien please rem oval, and in an			WAS DECEASED EVER IN U.S. ARM [es, no, or unknown] ("yes give w		OCIAL SECURITY NO.	17 INFORMANT	Address //	Budg. P.
physi ien pl oval,			rs WU	V-/	3-12-6364	1KE 55/4	MARTIN - 12 14.	APPROXIMATE INTERVAL
한 글		٤	18. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	NOV		12	سيف	BETWEEN ONSET AND DEATH
ottendi permit. Ion, or r			IMMEDIA	TE CAUSE (a)	veasous	Dearmone	alion	1ms.
ott peri			4124	DUE TO, OR AS A CO	INSEQUENCE OF	· A 21	1	
			Canditions, if any which gave nse to immediate cause (a),	(b) azler	weekersly	· Cardio- Yas	enter Duseus	10,20,
			stating the underlying cause	DUE TO, OR AS A CO	INSEQUENCE OF			
signed by the burial-tronsit burial, cremat			lost. 4271	(t)				
			. /	DITIONS CONTRIBUTING T	O DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
as the prior to		NO.	Chronic	In July	20 - 2	ED AUTODOVA	Look is we high risinishes con	CIDEDED IN CEDTIFYING
icate has been for use as the Health prior to		FICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OP	EKATION WAS PERFORM		20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	DIDERED IN CERTIFIENG
e ha use alth p	7.	CERTIF	21a. ACCIDENT WAS UNDERLYIN	C Toth Time of Milli	M.		Enter nature of injury in Part 1 or Part 2, Ite	10 \
Fe Fe			OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Mor	th Day Year	21C HOW INDUST OCCURRED (tenter nature at injury in Part I at Part 2, ite	m 16.)
certif thed pt. of		MEDICAL	(If either, natify medical examinated 11d. INJURY OCCURRED 21e.		19	THE LOCATION CALL - D.C.D.). Na. City or Town	County State
this c etoch Depl			While Not while at work	PLACE OF INJURY (OFFICE	BUHLDING, ETC.	21f LOCATION Street or R F.D	. Na. Chy ar tawn	County Store
ter de d			22o. I certify that (1) (the	s hospital) ottended	the deceosed fro	m_2 ~/~,1	963, to 5-25, 196	8, that (I) (we) lost
: Afild b			sow the deceosed o	ive on	<u>' G ~19 & 2</u>	্র, ond thot in (my) (তথ্য)	opinion deoth occurred on the dote	ond hour ond from the
2 0 € €			couses stoted obove	, (I) (%e) (did) (did-t	ot} view the body	offer deofn.	22- Da	TE CICHED
IRECT B 3 si With			22b. SIGNATURE	Sallane	390	DEGREE PHYS.	MFD STAFF	TE SIGNED
Pogine file	1		22d. PHYSICIAN'S NAME (Type) Wilm	er K. Gali	John	22e. ADDRESS	derich ave Ballinge	md-21228
FUNERAL rector, p rould be		-					23d. LOCATION (City or Town)	
director ahould	0	230	BURIA., CREMATION, 23b PREMOVAL (Specify)	120/60	23c NAME OF CEMET	IN OK EKEMATORT	BOLTO AL	(Caunty) (State)
2	M	24	FUNERAL DIRECTOR	29/00	ADDRESS	2So REC	C'D BY REGISTRAR OC 25b. REGISTRARS SI	GNATURE
VR A15 30M REV.		1	(Mar 11/2	122 11	Talle Win	1 5 M / DATEM	AY 3 1 1968 /	10 m
	40	far.	12.1-11-111	00 6/1	CONSVIA	A C PRIL		W



MARYLAND STATE DEPARTMENT OF HEALTH

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1300	S3 544			CERTIFI	CATE OF	DEATH				00	746
1. DECEASED NAME	First		Middle		Lost		2o. DATE OF I				2b. HOUR
(Type or print)	Freida	Э	nmi	M	ayer		5.	Month 25	Day	68°	7.16 F
3. SEX		4. RACE			S. DATE OF E	BIRTH		6. AGE (In years			IF UNDER 24 MRS
Fema]	Le	WI	3711		11/9	7/82		lost birthday)	YRS.	ONTHS DAYS	MUUKS MIN
70. BIRTHPLACE (Sto	ate ar foreign	76. CITIZEN OF WI	HAT COUNTRY?	B. MARRIE	NEVER MA	RRIED X	9 COUNTY OF	DEATH			
country	any	US.	0	WIDOWE	Service .	ORCED 🗍	Balt	imore	Cou	ntv	N
10. CITY OR TOWN	OF DEATH		AME OF HOSPITAL OR IN	STITUTION (If	not in hospital		L OCCUPATION (Kind at work d	one	12b. KIND OF B	SUSINESS OR
Randall	Lstown,	Md. give	street oddress) Bal	to.C	o.Gen.	avring mo	ist at warking i	fe, even if retir	e a j	INDUSIKI	
1 1 1 1 17 17 17	•		tion Residence before	13c. CITY C		13d. INSIDE CITY LI		EET AND NUMBE	R		
Odinission) STATE	Md.	13P COUNTA	etter !			YES MO	9-660	Troy	_Co	urt	
14. FATHER S NAME		Middle	Last		1S. MOTHER'S N	AAIDEN NAME FI	rst	Midd	е		Last
Samue			Mayer			Car	oline		H	enali	ne
16o. WAS DECEASED Yes, no, or unkno	DEVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY	NO. 17.	. INFORMANT	s Lee	Proon	Addre	-	-7-	b.
No			217-12-6	176	B. Sei	bert		6604	12	wy ch	
			ne for (o), (b), and (ϵ)				~		(BETWEEN ON	NATE INTERVAL SET AND DEATH
PARI I.	DEATH WAS CAUSED IMMEDIA	IE CAUSE (0) _S1	ubdural h	emato	ma					days	
001)	K		AS A CONSEQUENCE OF								
	any, which gave)	(b) C	erebral c	oncus	sion						
	inderlying couse	DUE TO, OR	AS A CONSEQUENCE OF								
lost. 90		(c)	The same and the s							<u> </u>	
PART 2. OTHE Fx. 1	er significant con right ne	ck hyme:	TING TO DEATH BUT N	ot related e's f	TO THE TERMIN	e, righ	ondition given	HD, Br	onch	nopneu	monia
190 DATE OF C	OPERATION 19b. C	ONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20o. AUT YES F	1	CALISES	YES, WERE FINDII OF DEATH?	IGS CON	ISIDERED IN CE	RTIFYING
210 ACCIDEN	T WAS UNDERLYING	3 21b, TIME O	E INITIDY	1114	HOW INJURY O	سالا ال	· _ l	y in Port 1 ar Pa	et O Ita	m 10 t	
OR CONTR BUT	TING TICAL SE OF GEATH	HOUR AM.	Manth Day Yeor		Fell @	Home		y iis rom a dir ro	n ∠, ite	:пі тв.)	
While No	O COLUMN P. CO.		AT HOME, FARM, STREET FA OFFICE BUILDING ETC.	CTORY.) 21f	LOCATION STO	eet ar R.E.D. No.	City	or Tawn		County	Stote
Of WOIK 0	I WOIK		//0///	10	7/1	1 2000) (Y	(4)	10	107 11 1	413 4 3 1

22a. I **certify** that (I) (this haspital) attended the deceased from 3 / 4 , 19 6 ¥ , to 3 - 4 3 , 19 6 ¥ , that (I) (we) lost saw the deceased alive an 5 - 2 2 19 6 ¥ , and that in (my) (our) apinian death accurred on the date and hour and from the causes stated above (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE

Jo

DEGREE

ATTENDING PHY5 MED. DIRECTOR STAFF PHYS.

22c DATE SIGNED Randal stown, Md.

22d. PHYSICIAN'S NAME (Type)

BUR AL, CREMATION REMOVAL (Specify

230

Raquel 23b. DATE

26

Α.

5

23c NAME OF CEMETERY OR CREMATORY

Jr., M.D.

23d (City or Town)

County Hosp.

(County) (Stote)

VR A15 (4) 30M REV, 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by t director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages and the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 hours

ADDRESS



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely when in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove conton pagers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event. Wathin 2 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the hospital or ottending physician.

VR ATS

36740

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 3 2b. HOL (Type or pnnt) 6 3 7 1 2b. HOL
DERITO DE MICHAROLL DE TO
3. SEX MALE A RACE White S DATE OF BIRTH 8-6-01 6. AGE (In years lift) MONTHS DATS HOURS MONTHS DATS HOURS WAS HOURS MONTHS DATS HOURS MONTHS HOURS MONTHS DATS HOURS MONTHS HOURS MONTHS DATS HOURS MONTHS DATS HOURS MONTHS HOURS MON
70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH
HERAPSAS 4.5.4. WIDOWED DIVORCED Baltimore County.
10. CITY OR FOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working tife avan-if-retired.) 120. USUAL OCCUPATION (Kind of work done during most of working tife avan-if-retired.)
Mount Welson Mt. Wilson State Hosts. At A Drydoc 130. JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d inside CITY. Institution Residence before 13c CITY OR TOWN
admission STATE YLAND 136. COUNTY A. CO. YES NOW 281 HILLSIDE TERRAC
14. FATHER'S NAME! First, Middle DIC CAPERULL IS MOTHER'S MAIDEN NAME FIRST Middle Last Last FINLEY
16a. WAS DECEASED EVER IN U.S ARMED FORCES? Yes no nt underlocked.) 1 (If yes give war or dates of sarvice) Address Address
Yes, nc, or uphora) (If yes give wor or dotes of sarvice) 155-01-2434 Records Mt. Wilson State Hospital
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ERE DRO - VAS CALLETE ACCIDENT IMMEDIATE CAUSE (a)
406 DUE TO, OR AS A CONSEQUENCE OF
Canditians, if any, which gave
rise to immediate cause (a), (b) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
lost. Z X (c)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Pullman to the tribelaculetain
196. DATE OF OPERATION 196. CONDITION OR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
YES MO CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 21d INVIDED OF CHIPPED TOTAL PLACE OF INVIDENT AND TREET FACTORY) 216 LOCATION Street or P.F.D. No. (the or Town) County State
While Not while of wark
22g I certify that (I) (this hashird) attended the decaded from 19 to 19 that (I) (we)
saw the deceased alive an19, and that in (my) (our) apinian death accurred an the date and haur and fram causes stated above, (1) (we) (did) (did nat) view the body ofter death.
22b. SIGNATURE DEGREE PHYS DIRECTOR DI
22d. PHYSICIAN'S AMMETICAL 22e. ADDRESS
NAME(Type) William Newcomer, M.D. Mount Wilson, Maryland
23a. BURIAL, CREMAT ON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Birial 6-3-1968 Glen Haven Memorial Pk. Ritchie Hgwy., A.A.Co., Md.
24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
George J. Gonce-4001 Ritchie Hgwy., Paltimore DATE JUN 4 1968 Actionles July 2

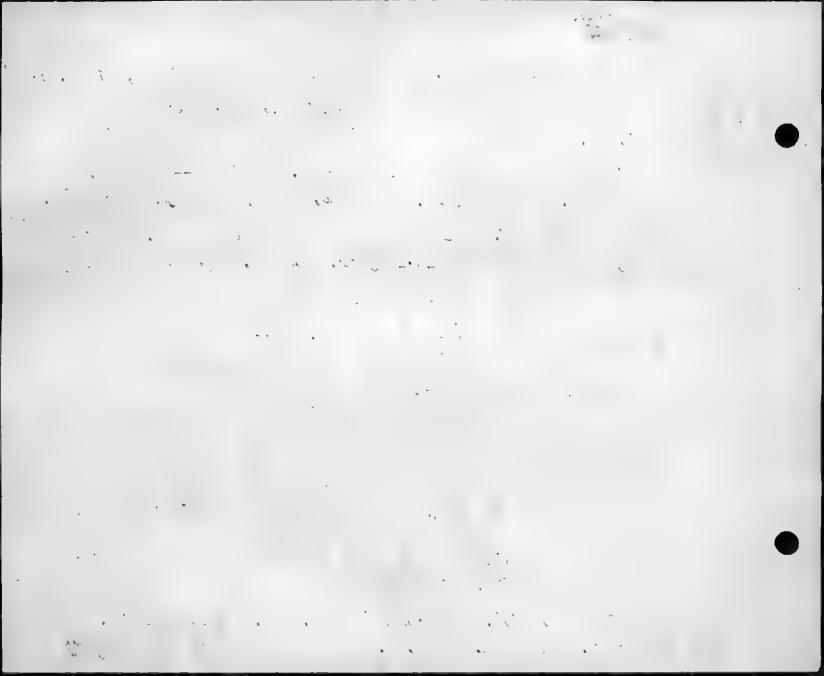


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** IFAITH DEPT 1 DECEASED-NAME First 2n DATE KNOWN Month Day Year 2b HOUR (Type or Print) OF ESTI-Page 1925 DEATH MATED IF UHDER 24 HRS AGE (In years 2r. DATE PRONOUNCED DEAD 5. DATE OF RIPTH 2d HOUR and lost birthday) Toron 5 7a BIRTHP_ACE (State or foreign 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X (auntry) WIDOWED Pages 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (if not in haspital 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR during mast of working life, even if retired) Give 13d INSIDE CITY HM-T52 130 LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN) admission) STATE 13F COUNTA YES | NO 🔀 Item and 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Middle Earst pages haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO File APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) BETWEEN DASET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) should e word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause tarwarded to the PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 5 removal, 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? ental. WAS PERFORMED? NO X certificate 210 EXTERNAL CAUSE WAS 216. TIME OF IN. JRy Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 shauld should PRIMARY TOR CONTRIBUTING HOUR A.M. MEDICAL 2 dozal. BZEC PM CAUSE OF DEATH 21e PLACE Of N.JRY (At hame, farm, street, 21d INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town (ounty State factory, office building, etc.) AT WORK AT WORK 726 126 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X and in my opinion Notural couses X. Accident , Suicide deoth resulted fram: Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may O FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION (County) (Stote) 5/16/68 Baltimore National Baltimore. Md. ADDRESS **EUNERAL DIRECTOR** 2SO REC D BY REG STRAR 4611 Park Heights Av. Balto DATE



funeral (TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled i director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papel Page 4 may be retained by the haspital ar attending physician.

	7 . m 7 m	DIVISION OF	VITAL RECORDS,	301 W. PRESTON STI	REET, BALTIMORI	E, MARYLAND 21	1201		
	A P D B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		C	ERTIFICATE OF	DEATH			719	
	ECEASED-NAME	First	Middle	Lost	20. 1	DATE OF DEATH	Dave	2b. H	OUR /
Ľ	Type or pant) La	fayette	y.	McGuire		May Month	29 Doy 1	968.9:3	30 M
3. SI	4. 4	4. RACE		S. DATE OF BI		AGE (In y		CAYS HOURS	24 HRS. MIN.
_	Male		rite		st 4,1896		YRS.		
	BIRTHPLACE (State or foreigntry) /// /	n 7b. CITIZEN OF WHA	AT COUNTRY?	8 MARRIED NEVER MAR	KIEDE	NTY OF DEATH	Baltim	n h o	
10.	Wa Vaa	USFI	ME OF HOSPITAL OF INS	WIDOWED DIVOI	RCED []	JPATION (Kind of wo		KIND OF BUSINESS (Md.
	Dundalk	give st	oo14 Gro	y Haven Re	during most of w	verk ng ite, ever it neerSt	eel (0	USTRY	
	USUAL RESIDENCE (Where ission) STATE ///d		Balto.	Balto.	138 INSIDE CITY LIAMES?	8014 Gr		en Rd.	
14.	FATHER S NAME First	Middle	Lost	15. MOTHER'S M	AIDEN NAME First	A	Middle	Lost	
	Jam	es W.	McGuire	2	Los	ra B	. /	Niller	
160	WAS DECEASED EVER IN U.	S. ARMED FORCES? es give war or dates af service)	166. SOCIAL SECURITY N	996 drs. So	rah B. I	McGuire "	ddress (S	ame)	
		iter anly one couse per lin	e for (e), (b), and (c))					APPROXIMATE INTERVI BETWEEN ONSET AND DE	
	PART I. DEATH WAS	CAUSED BY: NMEDIATE CAUSE (0)	Jan	creme				5 mis	7.
	1504	· ·	S CONSEQUENCE OF					_	
П	Cenditions, if ony, which rise to immediate cause	(b)	Buen	us Dus	elise			5-40	24
	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF Storing the underlying couse (c) DUE TO, OR AS A CONSEQUENCE OF CONSTRUCTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
	PART 2. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE OR CONDITIE	ON GIVEN IN PART 1(c)		
8	aru	us s cle	47-		4	Tagi ur ure wight o	NOUNCE CONCIDE	TO AN CENTIFICATION	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PER	FORMED 200 AUTO		20b. IF YES, WERE FO CAUSES OF DEATH?	NDINGS CONSIDER	RED IN CERTIFYING	
	21a. ACCIDENT WAS UND		INJURY Manth Day Year	21c. HOW INJURY OC	URRED (Enter noture	of injury in Port 1 o	r Port 2, Item 18)	
MEDICAL	(If either, natify medicol	examiner) P.M.	. 19						
2	21d INJURY OCCURRED While Not while of work	210. PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING. ETC.	ORY.) 21f LOCATION Stree	et ar R.F.D. No.	City or Town	Caur	sty S1	tote
	22o. 1 certify that (l) (this haspital) ette	nded the deceose	d from flu	1, 1960.	to later	22, 1968	, that (I) (we	e) last
	sow the deceas	sed alive on All (above, (I) (we) (did) (end ant) years the h	9 <u>00</u> , and that in (m	y) (our) apinian d	death occurred or	n the dote on	d hour and tra	m the
ı	22b. SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· 40 À		45150	22c. DATE SI	GNED	_
ш		15	5 lus	DEGREE PHYS	NG MED DIRECTOR	R STAFF PHYS	3,5	1.68	
	22d. PHYSICIAN S NAME (Type)	OFRG 1	WINDS	OR 22e. ADI	RESS O	St. 1	Balt	19 M	ale
230	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE 6/2/68	4.	emetery or crematory wridge Mem.	pm	Elkrida		nty) (State))
24.	FUNERAL DIRECTOR	0/3/00.	ADDRESS	· care ment	250 REC D BY REG S	STRAR CO 25b034	STRAR S SIGNA	VRE	
L	eonard J.	Ruck, Inc.	Balto.	1d. 21214	MAY 31	1900	Corres	and a	



	DIVISION OF			ON STREET, BALT OF DEATH	IMORE, MARYLAND 212		110
DECEASED-NAME (Type or print)	First FRANKLIN	GARRISON		anus	20 DATE OF DEATH Month	10 6 8	26. HOUR 3:20AM
3. SEX MALE	4. RACE WHI	E	s. p.	18/83	6. AGE (In year 8 days birthdoy)	rs if under 1 year months days	IF UNDER 24 HRS HOURS MHK.
70 BIRTHPLACE (Stote of PENNSYLVAN	IA U.S.		B. MARRIED NI WIDOWED	DIVORCED 🔲	9 COUNTY OF DEATH BALTIMORE COL		Md
FORT HOWA	RD 9		SPITAL	during m	AL OCCUPATION (Kind of work out of working life, even if ret	red) CEMETI	
odmission) STATMAR	Where deceased lived, if institu YLAND 13b COUNTY	tion: Residence before	BALTIM	ORE YES X N	□ 2312 Pratt		
14 FATHER'S NAME J	First Middle	McManus			evenia	Musgr	
160. WAS DECEASED EVEN	R IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY N 210 07 15	o. 17. INFORI	N.RECORDS,	, VA HOSPITAL,		
1B. CAUSE OF DEA PART I. DEATH	ATH (Enter only one couse per I H WAS CAUSED BY JAMMEDIATE CAUSE (g)	ine for (o), (b), and (c).)	mpensati	ON			MATE INTERVAL NISET AND DEATH
Conditions, if any, rise to immediate storing the under last	which gove be couse (o), (b) DUE TO, OR DUE TO, OR	AS A CONSEQUENCE OF PULMONAL AS A CONSEQUENCE OF JIMONARY EM					
CTRRHC	SIS OF LIVER	ITING TO DEATH BUT NO	T RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)		
190. DATE OF OPERA		HICH OPERATION WAS PER	FORMED 2	Do AUTOPSY? YES NO	CAUSES OF DEATHS	INGS CONSIDERED IN C	ERTIFYING
210. ACCIDENT WA	CAUSE OF DEATH HOUR A.M	F INJURY Month Day Year 19		JURY OCCURRED (Ente	er nature of injury in Port 1 or F	Port 2, Item 1B.)	
While Not whi	°	(AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC.			. 1 140	County	Stote
22a. I certify to sow the couses sto	thot (t) (this haspital) of deceased alive an ated abave, (t) (we) (did)	ended the deceose 10/60 19 (dicknots view the b	d from 5/6/ 9, and the pady ofter deatl	<u>>8</u> , 19_ ti a≪(£ ny)(our)op ı.	, to 5/10/68 inion deoth occurred on t		(I) (we) last ond from the
22b. SIGNATURE	D. Darber	t mo.	DEGREE	PHYS 🗀 [MED. STAFF DIRECTOR PHYS.	22c DATE SIGNED 5/10/68	
22d. PHYS(CIAN S IIIAME (Type)	JOHN D. TALBEF	T, M. D.		VAH FOR	T HOWARD, MARY	LAND	
230 BURIAL, CREMATION BURIAL (Specify)	N. 23b. DATE		EMETERY OR CREM		23d. LOCATION (City or Town		(Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filed in by the fundal and 2 cinectar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages—rages—and 2 should be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exeruted withing Page 4 may be retained by the hospital ar attending physician.

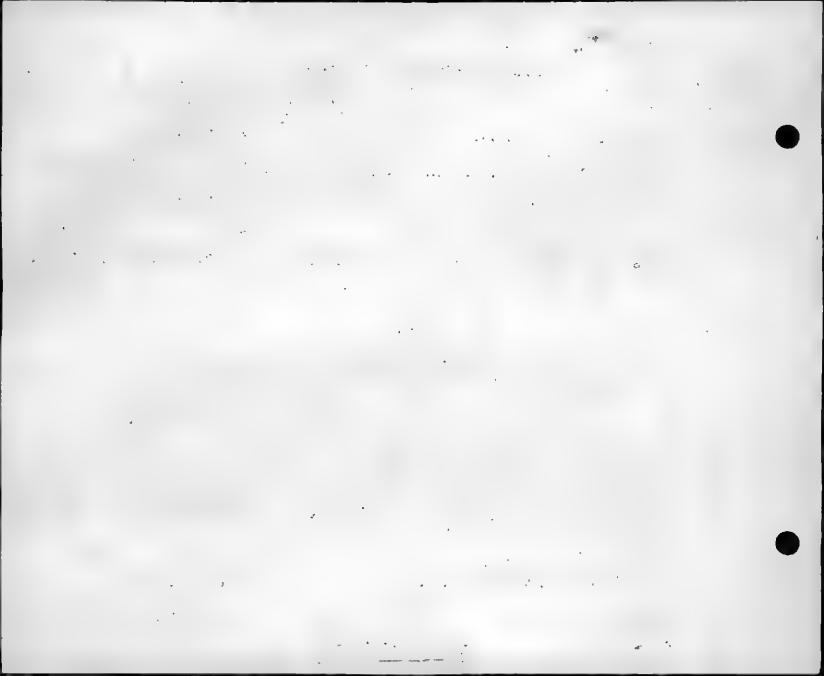
30M REV

FUNERAL DIRECTOR

ADDRESS

25a. REC'D BY REGISTRAR

REGISTRAR S SIGNATURE Judgi-5, 1968



4. RACE

First

Joseph

Md.

DECEASED NAME

(Type or print)

male

3. SEX

within 72 hou

signed by the attending physicion and completely filled in burial-transit permit. Then please remove carbon papers.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Inst 20. DATE OF DEATH May Month McNally, Jr. 5. DATE OF BIRTH 6. AGE (In veors IF JINDER 1 YEAR IF UNDER 24 HRS. April 24, 1886 iast birthdoy) 9. COUNTY OF DEATH

7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED T NEVER MARRIED T country) Md . U. S. WIDOWED [7] DIVORCED [77] Baltimore 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done during most of working life, eyen if retired)

Middle

Catorsville STATE HOSP . 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN odmission) STATE

white

13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Balto. 637 St. Anns Avenue

14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Lost Joseph McNally Ella Hoban

160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, no, or unknown) 219-54-3235

17 INFORMANT Records: SPRING GROVE STATE HOSPITAL

topsy)

IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY.

Gastric Carcinoma, presumptive. (no au-DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

A) Anemia, Secondary to Ia. b) Ateriosclerotic Cardiovas cular Ht. Dis.

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO A

21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY GR CONTRIBUTING CAUSE OF BEATH HOUR A.M. (If either natify medical examiner)

Month Day Year

21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

22c. DATE SIGNED

(Stote)

Middle

12b. KIND OF BUSINESS OR

Lost

BETWEEN ONSET AND DEATH l wk.

21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work at work — of work — of work — 10 (f) (this hospital) attended the deceosed from Octo 16 , 19 25 , to May 2 , 19 68 , that (t) (we) last sow the deceosed alive an May 2 19 60 , and that in (my) (60) opinion death occurred on the date and hour and from the

sow the deceased alive on May 2 1968, and that in couses stated above, (I) (way and (did not) view the body after death. 22b. SIGNATURE

MED. DIRECTOR RING GROVE STATUE HOSELIVAL

22d. PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 BUR AL CREMATION 23d LOCATION (Cty or Town) (County)

24 FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

director,

O FUNERAL DIRECTOR: After this certificate has been

Page 4 may be retained by the haspital or

os the

for use

requires that the death certificate be executed within 24 hours after death.



ESTON STREET, BALTIMORE 1, MARYLAND funeral should . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town d. NAME OF INSTITUTION (if not in hospitel, give street eddress) A. GEN. HOSP GH-18 FLUSHING AUE 3. NAME OF Middle Month DECEASED (Type or print) DEATH 1224 AGE (In years) IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdey WIDOWED [DIVORCED 1 IDE. USUAL OCCUPATION (Give kind of (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME CHARKES PETROWSKI HIOLA GUTOWSKI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no, or unkown) (If yes give war or detes of service) 18. CAUSE OF DEATH Inter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part il of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work y be re ..., and that death occurred al-M, from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE 内 PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF REMOVAL 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7-62

. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

PERFORMED?

NO F

(Stete)

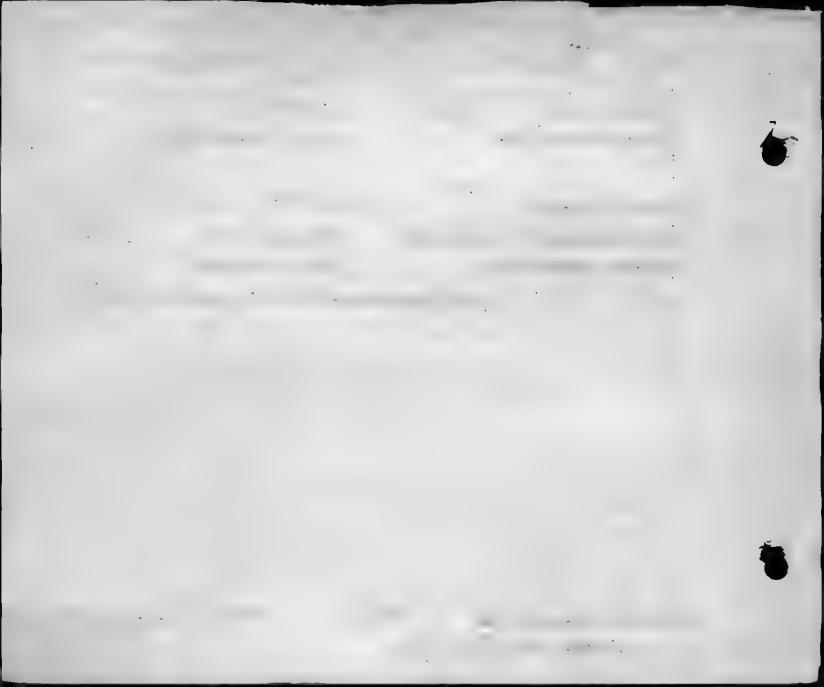
SIGNED

(State)

YES T

(County)

Dev



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month EHRLING Mehrton 3. SEX IF UNDER I YEAR last birthday) 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) WIDOWED [DIVORCED [signed by the attending physician and completely filled burial-transit permit. Then please remave carbon pop and in ony event, within NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) 130 USUAL RESIDENCE (Where deseased lived, if institution Residence before 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY NO M 14. FATHER'S NAME Middle Last TOSMED 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, na, ar unknown) burial, cremotion, ar removal, 212-10-4282 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) ASH D rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF by the hospitol or attending physician. stating the underlying cause; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior to 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🖂 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I **certify** that (I) (this haspital) attended the deceased fram May 24 Mey 62, that (I) (we) last saw the deceased glive an May 2 - 19 57, and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Page 4 may BOON NAME (Type) 23o. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY REMOVALTSpecify) FUNERAL DIRECTOR 250 REC D BY REGISTRAR 2Sb. 30M REV 1/68



	420 2 4 3			CLKIII	ICAIL OF L	LMIII				4.9 -4	
	CEASED NAME	First EDWARD	Middle I.		Lost MILLER	2a.	DATE OF DEATH Month	Doy	Year 68	2b H	HOUR OOPM
3. SE	X MALE	4. RACE	W HITE		S. DATE OF BIRT	13	6. AGE (In years lost birthday)	s F JNDE	R 1 YEAR	IF JNOER :	
coni	BIRTHPLACE (State or foreig TARYTAND	n 7b CITIZEN	OF WHAT COUNTRY?	WIDOW		ED T	UNITY OF DEATH BALTIMORE CO				Md
10 0	TITY OR TOWN OF DEATH FORT HOWAR	D	give street address). A.M.	HOSPI	TAL	dutto most of	UPATION (Kind of work of working life, even if retir	red.) CC		BUSINESS RUCT	
	USUAL RESIDENCE (Where ission) STATE MARYL			are 13c CITY BRY	OR TOWN 13 ANS ROAD	A INZIDE CITÀ FOWITZS	13e STREET AND NUMBE BOX 5EE	ER			
14	FATHER'S NAME FIRST ANTH		ddle Lo		IS MOTHER'S MAII		ALIE Midd		OBE	RS RS	
16a.	was deceased ever in U	S. ARMED FORCES? Is give war ar datas of ser WW II	16b. SOCIAL SECUR 212 05		7. INFORMANT CLIN.REC	ORDS, V	A HOSPITAL,				
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIE TO OR AS A CONSEQUENCE OF										
	Conditions, if ony, which gove is a to immediate couse (a), stating the underlying couse lost. 15 7 x DUE TO OR AS A CONSEQUENCE OF (b) LTVER, TYMPH NODES AND DTAPHRAGM DUE TO, OR AS A CONSEQUENCE OF (c)										
z	PART 2. OTHER SIGNIFICAL		NTRIBUTING TO DEATH BUTTER TROPHY		O TO THE TERMINAL	DISEASE ORCONDIT	TION GIVEN IN PART 1(a)				
CERTIFICATION	190. DATE OF OPERATION	19b CONDITION F	OR WHICH OPERATION WA		20a. AUTOP	№ □	206 IF YES, WERE FINDI CAUSES OF DEATH?	ES		ERTIFYING	3
MEDICAL CER	21o. ACCIDENT WAS UND ☐ OR CONTRIBUTING ☐ CAJSE (If either, notify medical	OF GEATH HOUS	TIME OF INJURY A.M. Manth Day 1 P.M.		. HOW INJURY OCCU	RRED (Enter natu	re of injury in Part 1 or Pi	ort 2, Item 18	3.)		
WE	21d INJURY OCCURRED While Not while	21e PLACE OF II	LJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.				City or Town	Coun	,		State
	22a. I certify that (l)x(this haspita sed alive on above, (l)X(we)	did) (district) view	eosed fram. 19, the body aft	11/23/68 and that in (My er death.	, 19 } (aur) apinian	, to 5/1/68 death accurred an t	_, 19 he date an	_ , tha d haur	t (4) (we and fro	e) las om the
	22b. SIGNATURE	Palle	at mi	<i>9.</i> •	EGREE PHYS	☐ DIRECT	OR STAFF PHYS.	22c. DATE SI 5/8/	ONED 768		
	22d. Pyvsician's NAME (Type) JOH	N D. TAI	BERT, M. D.			AH FORT	HOWARD, MARY				
\$	BURIAL, CREMATION, REMOVAL (Specify) BUTCLAL	23b DATE 5/10/6	P BAL	TIMORE	OR CREMATORY NATIONAL		LOCATION (City of Town) BALT IMORE, I	MARYLA	ND	(Stote)
24.	FUNERAL DIRECTOR		MILLER 1	RESS FUNERAL	L HOME	DATE MAY		TRAR'S SIGNAT	URE (udg	2

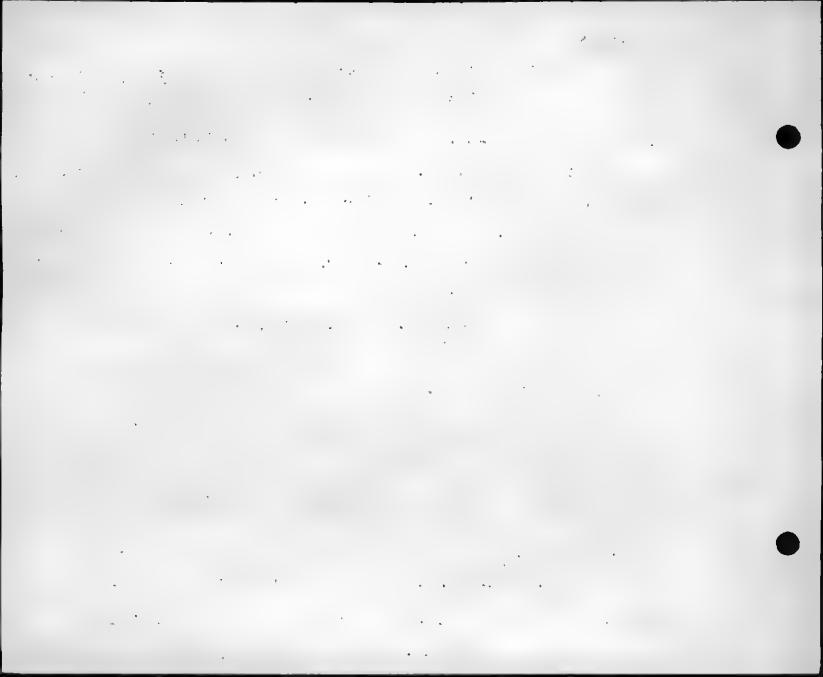
6615 Belair Road

Balt MorMA

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hauss **TO FUNERAL DIRECTOR:** After this certificote has been signed by the ottending physician and campletely filled undirector, page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 Poge 4 may be retained by the hospital ar attending physician. TO HOSPITAL

death.

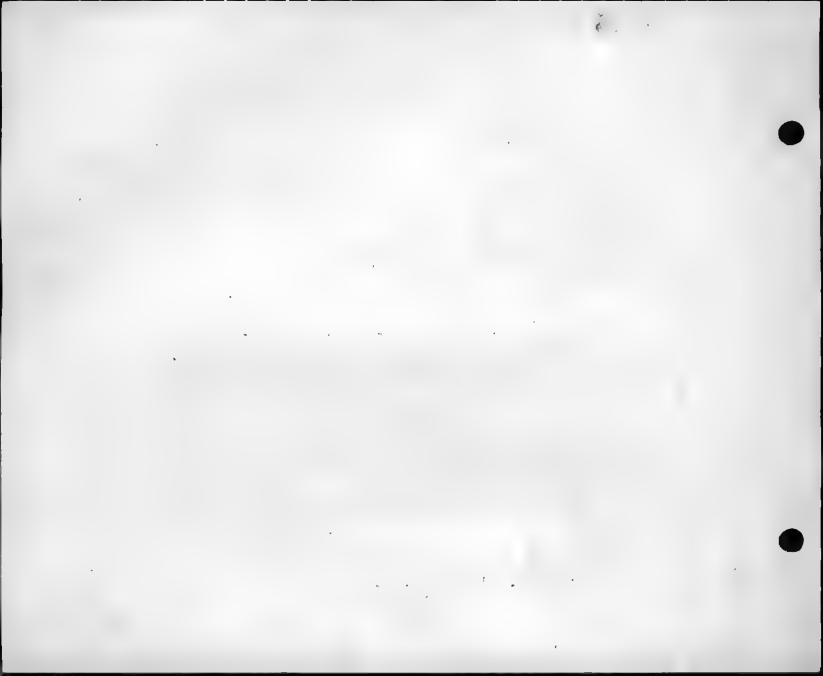
VR A15 (4) 30M REV. 1/68



2-1	-	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
FOR STATE		250	, रा			R'S CERTIFICA				179	155		
HEALTH DEPT.		1 DECEASED NAME	First	MILD TOTAL	Middle		ost	2o DAT	E KNOWN Month	Doy Yeor	2ъ. нош		
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Page 13 TA	Y	3 SEX	4 RACE	S DATE OF BIRTH	6 AG	(In years IF UNDER 1 birthday) MONTHS	YEAR IF JINDER 2		PRONOUNCED DEAD		2d HOU		
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. >	177	TOWSO:	_		St	Joseph's	,38 INSIDE CITY .	Laborer	EET AND NUMBER	Consto	tion		
e vi e	(3)	odmission) STATE	Md .	13b. COUNTY	Baltimore		YES N		ll lecton	Dad Jaka 1	۸		
thaurs Item 18 Office Iand2 v		14. FATHER 5 NAME	First	Middle	Lost		S MAIDEN NAME	First	Middle	lo	sf		
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hin 24 noll in niner s pages haurs		160 WAS DECEASED EV		10	b. SOCIAL SECURITY N		Т		ADDRESS	Ave.			
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ed on the second		18 CAUSE OF	DEATH (Enter on y	one couse per line	19 (o), (b) 9 d (c)	I, I			, ,	APPROX MAT BETWEEN ONSE	E INTERVAL T AND DEATH		
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be executed "pending" in nef Medical E. insit permit. F		O 1 4.	ný, which gave)	DUE TO, OR AS	A CONSEQUENCE OF	1			SKULL	1 9 10/	10		
Transport		rise to ammed	iote couse (o), ((b)	A CONSEQUENCE OF	er al	10/25	000	34011	1000	160		
This certificate shauld be executed within 24 cate, writing the ward 'pending' in pencil in be farwarded to the Chief Medical Examiners is be used as a burial-transit permit. File pages is remayal, and in any event within 72 hours		stoting the un	derlying couse	(-)	A CONSEQUENCE OF								
ertificate sl writing the rwarded ta sed as a bu laval, and ii		PART 2 OTHER :	SIGNIFICANT CONDIT	TIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIVEN	IN PART I(o)				
fica ting rdec as as		= 2124											
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INER: e certif shauld files 3 shauld	, .	PRIMARY OF DEAT		ACE OF INJURY (A)	home form street	4	Street or R.F.D. No	DYC	A / INIMIL	e Crossi	77 0 /		
EXAMINER: cute the certifugge 4 shauld your files Page 3 shauld to cremation, I, cremation, I, cremation,		WHILE AT WORK		ory, office building,		Po	12000	REDIA	osite F	owlerk	20		
2 2 2 2						ed above, held an	Autopsy	Inspection			ny apinia		
DEPUTY EDICAL E. Cressory, please execute funeral director Pagmay be retained far FUNERAL DIRECTOR: FUNERAL DIRECTOR: pagith pricar ta burial,		death re	suited from	Material couses	, Acciden	Surcide [, Hamicid	, , , ,	etermined manne		, ,		
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Y, p y, p irol pe re prid		ACTU AL SIGNATURE	MALL	ET V	rous	rell_m.o				IE-SICKED	0		
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TO DEPUT necessary, the funers 5 may be TO FUNERA		230 BURIAL CREMA				CEMETERY OR CREMATO			M (City or Town)	(County) ((State)		
)	REMOVA. (Spec	ify)	12-1968		more Nat'l			more	ીત '	2.016		
(H	1	24. FUNERAL DIRECT	OR	•	ADDR	SS		BY REGISTRAR	25b REGISTPAP	SIGNATURE			
VR ATSME (5)	A	Lassahn	Funeral I	Home 7401	belair .	oad 21236	DATE	MAY 13	1968	cores y	The same of		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OR STATE Item#13eFilm#GLOO 5/MEE68AtmEXAMINER'S CERTIFICATE OF DEATH DEPT DECEASED-NAME First Middle Last 2n DATE KNOWNET Month 25 HOUR Day Year (Type or Print) OF ESTI 3:4 Miller Chester Warren 9 DEATH MATED 6 AGE (In years F .. NDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX 4 RACE DATE OF BIRTH 2d. HOUR MK MONTHS HOURS MIN. ,68 Doy 5 Yeor 3:44 70 BIRTHPLACE Stote or foreign 7b. CITIZEN OF WHAT MARRIED NEVER MARRIED 9 COUNTY OF DEATH De in pencil in Hem 18. Give Pages 1, Office along with form country) WIDOWED DIVORCED-Baltimore 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR 24 hours after deoth 10. CITY OR TOWN OF DEATH during most of work ng life extent retired) give street oddress) the OWSON St Joseph Hospit with t death. 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 130 JSUAL RES DENCE (Where deceased I ved, if institution, Residence before 13s. CTY OR TOWN admission) STATE 13b COUNTY While Thorncliff Rd. rrvHall land 2 v after 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First First ARREN hours bades Chief Medical Examiner's within 160, WAS DEFEASED EVER IN L.S. ARMED FORCESZ. 17 / INFORMANT (Yes, no/or unknown) <u>=</u> APPROXIMATE INTERVAL within This certificate should be executed 18. CAUSE OF DEATH (Enter on y one couse per time for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. pending PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) 410.0 DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gove rise to immediate couse (a), writing the word DUE TO OR AS A CONSEQUENCE OF stoting the underlying cause ⊆ farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 0 removol, used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES [7] NO D e 10 21o EXTERNAL CAUSE WAS 21b. T ME OF IN. JRY Month Day, Year 21c HOW INJURY OCCURRED (Enter noture of in any in Port 1 or Part 2, Item 18.) 3 should should HOUR A.M. PRIMARY TOR CONTRIBUTING cremation, CAUSE OF DEATH 21e PLACE OF INJURY (At hame, farm, street, 21f 1OCATION Street or R F.D. No. 71d INJURY OCCURRED City or Town County State YOUR foctory, office building, etc.) DIRECTOR: Page AT WORK AT WORK burial, for 22a | certify that I took charge of the remains described above, held an Autopsy [7], Inspection -Inquiry. and in my opinion retained death resulted fram: Suicide [Natural causes [77] Accident Hamicide Undetermined manner pridr **ACTUAL** 22b. DATE-SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE the funero O DEPUT DEPUTY MEDICAL EXAMINER Health NAME (Type) Charles ADDRESS(Street, city, fown, or county) F. O'Donnell 0 BURYAL CREMATION. NAME OF GEMETERY OR EREMATORY 23d LOGAT ON City of Town (County) FUNERAL 25a REC D BY REGISTRAR VR A15ME (5) 10M REV 1768



ALADYI ALID CTATE DEDARTMENT OF HEALTH

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IVISION	OF	VITAL	RECORDS,	301 V	V. PI	RESTON	STREET,	BALTIMORE,	MARYLAND	2120
				CEDTI	ELC	ATE C	E DEA	TH		

Towson ST. JOSEPH HOSPITAL	Lost
DECEASED-NAME	if under 24 Hrs. HOURS MIN Md F BUSINESS OR C School Court Lost
Sidney Sidney Davis Millinok May 10 1968	if under 24 Hrs. HOURS MIN Md F BUSINESS OR C School Court Lost
Male White August 28, 1902 August 28, 1902	HOURS MIN Md F BUSINESS OR C Schoo Court Lost WANNE INTERVAL
Towson ST. JOSEPH HOSPITAL 13a. USJAL RESIDENCE (Where deceased lived, if institution: Residence before address) 13b. COUNTY Baltimore 13c. CITY OR TOWN OF DEATH 13b. COUNTY Baltimore 13c. CITY OR TOWN OR DEATH 13b. COUNTY Baltimore 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Baltimore 15c. Model 15c. Mode	Md FBUSINESS OR C Schoo Court Lost
Pennsylvania U.S.A. WIDOWED DIVORCED Baltimore	F BUSINESS OR C Schoo Court Lost USOn, Md.
Pennsylvania U.S.A. WIDOWED DIVORCED Baltimore, 10 CITY OR TOWN OF DEATH TOWSON 13. USJAL RESIDENCE (Where deceased lived, if institution: Residence before addingsion) STATS TOWSON 13. COUNT Baltimore TOWSON 13. COUNT Baltimore Towson 13. CITY OR TOWN 13. INSIDE CITY LIMITS? 13. STREET AND NUMBER 909 Pulaney Valley 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Malcula T. Milnon 16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, grunknown) 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).)	F BUSINESS OR C Schoo Court Lost USOn, Md.
11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) Towson 13a. USJAL RESIDENCE (Where deceased lived, if institution: Residence before addingsion) 13b. COUNT Baltimore Towson 14. FATHER'S NAME 15. MAID OF HOSPITAL 15. LIND OF LIND OF HOSPITAL 15. LIND OF HOSPITAL 15. LIND OF LIND OF HOSPITAL 15. LIND OF LIND OF HOSPITAL 16. LIND OF HOS	Court Lost Lost WANTE INTERVAL
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Towson STATE Maryland 13b COUNT Baltimore Towson YES NO 909 Dulaney Valley	Lost Won. Md.
14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Malcolm T. Milnon 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, gryunknown) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Jean Milnon, 909 Dulaney Valley (t. Tou	Lost Won. Md.
Malcolm T. Milnon 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, grunknown) 16b. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).)	uson, Md.
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, grunknown) 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).)	XIMATE INTERVAL
Yes, no, grunknown) (If yes give wor or dojes of service) (If yes give wor or dojes of service	XIMATE INTERVAL
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) Revenue Property P	XIMATE INTERVAL
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive peritoneum hemorrhage	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gove rupture of aortic aneurysm.	
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
last. (t)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
190 DATE OF OPERATION 1196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN	CENTIFVING
CALIFES OF DEATH?	CEKTIFTING
YES X NO TO THE PORT OF INJURY 21c. ACCIDENT WAS UNDERLYING 121b, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M. 19	State
While Not while OFFICE BUILDING, ETC	21016
22a certify that (A) (this haspital) attended the deceased from 5/9/ 19 68 to 5/10/ 19 68 that	+ X() (wa) lar
saw the deceased alive an 5/10/ 1968, and that in (my) (our) apinian death accurred on the date and hou	r and from the
causes stated above, (1) (we) (did) (did nat) view the body after death.	
22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. STAFF ST Man 3 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0/0
DEGREE PHYS. DIRECTOR PHYS LA PLANT 10, 1	700
22d. PHYSICIAN'S AME (Type) Tries Cilliani, M.D. 22e ADDRESS 7620 York Rd., Towson, Md. 21204	
230 BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) Burial (Specify) May 14, 1968 Wildwood Cemetery Williamsport, Pennsylv	(State)
Burial (Specify) May 14, 1968 Wildwood Cemetery Williamsport, Pennsylv 24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REG STRAR ASSOCREGISTRAN SIGNATURE	ania
24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REG STRAR 1968 REG. STRANG STRANG DATE MAY 13 1968	Jung

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law impures that the death certificate be executed within 24 Page 4 may be retained by the haspital ar othending physician.

VR A15 (4) 30M REV, 1/68



	1	00000		D STATE DEPARTME						
	Τ.	G6751 DIVIS eml3eFilmGlo1 6/5/	ION OF VITAL RECORDS,	301 W. PRESTON STRE ERTIFICATE OF D		, MARYLAND 21201	3 😽	, - -		
M .		CEASED NAME First	Middle	lost		DATE OF DEATH		2b. HOUR		
E PE	(pe or print) James L.	Montgomery	EGH.	20. 6		25 Year 63	1 ASM		
	3. 5		Œ	5 DATE OF BIRT	TH	6 AGE (In years		F UNDER 24 HRS.		
A Popularion of the management		Male	W	Aug. 1	7, 1875	last birthday) 92 YRS.	MDNTHS DAYS	HDURS MIN		
	7a.	ind '	ZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	ED .	NTY OF DEATH				
in 72 de di	10 1	Maryland U. TY OR TOWN OF DEATH	S.A. 11 NAME OF HOSPITAL OR INS	WIDOWED DIVORCE		B.lto.	125 KIND OF BU	Md.		
equites that the death certificate be executed within 24 is physician. Signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban papers burial, crematian, or remaval, and in any event, within 72		Catonsville	give street address) Ridgeway	Nursing Home	during most of w	rarking life, even if retired) red Flarist	INDUSTRY	1311613 04		
ed w plete carb ent,	13a.	USUAL RESIDENCE (Where deceased fived, isian) STATE 13h	if institution: Residence before	13c CITY OR TOWN 13	d. INSIDE CITY LIMITS?	13e STREET AND NUMBER				
ya y cam cam		Md.	Balto.	Der 004	YES 🔀 NO 🗌	101 Ingleside	Avenue			
and rem	14.	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIL	DEN NAME First	Middle		Last		
cian cian ease and		WAS DECEASED EVER IN U.S. ARMED FORCE		O. 17 INFORMANT	101 Tr	azleside Advernu	A			
val, pla		is, po, or unknown) (If yes give war or dates a	219-22-38	98 Mrs. Nett	ie Joyce	ngleside Avenu Balto. Md.	21228			
ing p		18. CAUSE OF DEATH (Enter only one co	use per line far (a), (b), and (c).)		0		APPRDX MA BETWEEN DNS			
tendi mit.		IMMEDIATE CAUSI	1	any alex	lun-		Zu	- olum		
t per thing	1	Conditions, if ony/which gave	E TO, OR AS A CONSEQUENCE OF							
remontal		rise to immediate cause (a), (D) DUE TO, OR AS A CONSEQUENCE OF								
rres /sicio ini-tri iol, c	П	lost.	(c)							
phy sign	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
tending as the last take prior take	NOT	1 1	N FOR WHICH OPERATION WAS PER	FORMED 20a AUTOPS	5Y?	20b IF YES, WERE FINDINGS CO	ONSIDERED IN CER	TIFYING		
트리트 8년 🗶	CERTIFICATION			YES 🗀	NO 🔲	CAUSES OF DEATH?				
aspital ar at certificate he far use hed far use hed far use to a feelth	AL GER		b TIME OF INJURY OUR A.M. Month Doy Year	21c HOW INJURY OCCU	RRED (Enter nature	af injury in Part 1 or Part 2, 1	Item 18)			
haspital haspital s certifica sched far ept. af He	MEDICAL	(If either, notify medical examiner)	P.M. 19		- D C D No	City or Town	County	State		
by the has ther this ce ther this ce be detache State Dept.		While Not while at wark	F INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	211. LOCATION Street	OF K.P.D MG.	city of town	coonly	21016		
ter t		22a. I certify that (I) (this hosp saw the deceased alive an	ital) attended the decease	d from 1	, 1968 .	to 29 May , 19.	_ 6 → , that (I) (we) last		
R: Af Uld the The S		saw the deceased alive an causes stated abave, (1) (w	(e) (did) (did not) view the	9_ , ond that in (my)) (aur) apinion d	leoth occurred on the da	te and havr a	nd from the		
may be retained RAL DIRECTOR: A Ral page 3 should be filed with the		22b. SIGNATURE	(a)		- AUED	22c.	DATE SIGNED			
DIRI DIRI GG 3 Ge 3		While	ochy, m	DEGREE PHYS	DIRECTOR	STAFF 2	9 man	63		
VERAL IN TO THE TO THE TO THE TO THE TO THE		22d PHYSICIAN'S A / NAME (Type) Dr. William	am Goodman	22e ADDRE		Spring Rd., B	Palto. N	Ma .		
Page 4 may O FUNERAL director, pa	23a			EMETERY OR CREMATORY		LOCATION (City or Town)	(County)	(State)		
Page 4		REMOVAL (Specify) 5-31-	-68 Lorrai	ne Park Cemet.	erv F	Ralto	1	4a		
VR A (5/2)		FUNERAL DIRECTOR 4101 Edmo	ndson Avendoress	2	ISa. REC'D BY REGIS	PAR 1968 Sb. RECEARS	SICHATURO	ge.		
30M REV 1/68	V35	take Funeral Direc	tors Balto. M	d. 21229	DATE		4	1		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Lost 2a. DATE OF DEATH First requires that the death certificate be executed within 24 hours ofter death. (Type or print) Mayth 12, Day 968 Year Svlvia Moore 4 RACE S. DATE OF BIRTH IS UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years ages rs affer last birthday) Sept. 30, 1934 Negro female papers. 'Vag hin 72 hours o 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) physician and completely filled in Baltimore Md. U.S. WIDOWED TO SOLD WORCED TO 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY corbon Catons ville STATE HOSP. 13g USUAL RESIDENCE (Where deceased fived, if justitution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY 6/MITS? admission) STATE 136 COUNTY YES [237 N. Culver Street гетпоуе Balto. and in any IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Middle Lost Esther Carroll James Wiggins 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? TABL SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) signed by the ottending physic burial-transit permit. The planding of burial, cremation, or removal, Records: SPRING GROVE STAE HOSPITAL APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral, organism undt. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 by the hospital or ottending the O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES T NO IT 21g. ACC DENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) 21d INLURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street of R.F.D. No. State City or Town County While Nat while at work ATTENDING 22a. I certify that (\$\mathbb{F}\$ (this hospital) attended the deceased from May 6 , 19 60, to May 12 , 19 60 , that \$\mathbb{F}\$ (we) last saw the deceased alive an Msy 12 19.68, and that causes stated above, (1) (see indicated above the body after death. _19_68, and that in (my) (app) opinion death occurred on the date and hour and fram the 22c. DATE SIGNED 22b SIGNATURE 5-13-68 DIRECTOR PHYS PHYS 22e. ADDRESS SPRING GROVE STATE HOSPITAL 22d PHYSICIAN'S director, po shauld be f NAME (Type) Young . M.D. Anthony J. Baltimore, Maryland 21228 23d. LOCATION (City or Town) (County)

Baltimore, Maryland 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 5/16/68 Mt. Auburn ADDRESS FUNERAL DIRECTOR A. Rice 661 W. Barre St. Charles 30M REV





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36755 00762 CERTIFICATE OF DEATH First Middle 2n. DATE OF DEATH death, I. DECEASED-NAME 2b. HOUR (Type or print) NAIMAN MARY KELLNER aN 4 RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER I YEAR IF LINOER 24 HRS. last birthday) DAYS 1-15-1897 Female requires that the death certificate be executed within 24 haurs 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED Baltimore Ind-Baltimore USA III 72 WIDOWED X DIVORCED [signed by the attending physician and campletely filled burial-transit permit. Then please remave carban pape 13 'NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
Housewife Greater Balt, med. Center Baltimore, Md. AT HOME 13a JSUAL RESIDENCE (Where deceased lived, if institution, Residence before) burial, crematian, ar remaval, and in any event, 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY YES 🔼 NO 6246 Woodcrest Ave. Bultimore 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) 214-22-4391 MRS. DORIS NAIMAN, 6246 WOODCREST IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a. AUTOPSY? 3/18/68 CAUSES OF DEATH? Radication recordi ed far use of af Health p 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED
While Nat while at wark (AT HOME, FARM, STREEF FACTORY,) 21f. LOCATION Street of R F.D. No. 21e. PLACE OF INJURY City or Tawn State County 22a. I **certify** that (I) (this haspital) attended the deceased fram 3-17, 1962, to 5-5, 1968, that (I) (we) last saw the deceased alive an 5-5, and that in (my) (our) opinion death accurred an the date and haur and fram the causes stated above. (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. 22d, PHYSICIAN'S 22e. ADDRESS NAME (Type) Collado, M.D. directar, should b 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 5-6-68 POSVOHLER FRIENDLY SOCIETY BALTIMORE MARYLAND 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68 Meliantes REISTERSTOWN ROAD & BROS. . 6010



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item2a, Film#GhOO 5/13/68km CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death deat (Type ar print) Month physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and aval, and in any event, within 72 hours after deaq May 3 SEX 6. AGE (In years IF UNDER I YEAR IF UNCER 24 HRS lost birthdoy) MONTHS HOLIES EB YRS 76. CITIZEN OF 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign B. MARRIED [] NEVER MARRIED [to. Co. WIDOWED TO DIVORCED [120. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126. KIND OF BUSINESS OR during mast of warking life, even if retired.} give street address) INDUSTRY JAYYISIN Tarmer Black Decker 13a, USUAL RESIDENCE (Where deceased lived, if institution- Residence before 13c CITY OF TOWN 13e STREET AND NUMBER 13d. INSIDE CITY EIMITS? admission) STATE 13b COUNTY NO T YES T 617 Bebaush Avenue burial, cremation, ar removal, and in any 15 MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Last Elizabeth 160. WAS DECEASED EVER INPUS ARMED FORCES? 17. INFORMANT Address I 6b SOCIAL SECURITY NO. Yes, na, at unknown) I (If yes give war or dates of service) Mrs Marie Horton 617 Dabaugh Avenue 216-12-3521 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b)) and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) signed by the attending burial-transit permit. Th BETWEEN ONSET AND DEATH 5-4-108 DUE TO, OR AS A CONSEQUENCE OF de antimorellemois. Canditians, if any, which gove) rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse: lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been as the 190, DATE OF OPERATION 205. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) ģ be retained by the haspital OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. detached (AT HOME, FARM, STREET FACTORY.) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION Street or R.F.D No. State City or Tawn County While Nat while at work 220. I certify that (this haspital) attended the deceased from 10-10 sow the deceased alive an 3-5 1968, and that in (my) (our) opinion death occurred an the date and hour and fram the hauld couses stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c DATE SIGNED/ **ATTENDING** DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) director 230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Trinity Cemetery Long Grenn Baltimore 2So. RECD BY REGISTRAT'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV 1/68 Lassahn Juneral Love 7/101 Belair Road



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2g. DATE OF DEATH DECEASED-NAME First Manth (Type or print) X SEX 4, RACE DATE OF BIRTH 6 AGE (In years last buthday) 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED M NEVER MARRIED 7o. BIRTHPLACE (State or foreign country) DIVORCED [] WIDOWED 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION cremotion, or removal, and in any event, within 10 CITY OR TOWN OF DEATH during most of working life, even if retired.) signed by the attending physician ond completely. I burial-tronsit permit. Then please remove carbon ExPOISINGS- Oper-13c, CITY OR TOWN 136. INSIDE CUTY LIMITS? 13e. STREET AND NUMBER 13g, USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE 13b. COUNTY Middle 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give wor or dates of service) Yes, na or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the O FUNERAL DIRECTOR: After this certificate has been prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 ed for use of Health Page 4 may be retained by the haspital or 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detached State Dept. of (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street of R F D No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town While Not while of work OFFICE BUILDING FTC. 22a. I certify that (1) (this haspital) attended the deceased from 5-3 19 60, to 5-, page 3 should be be filed with the Stat _19 60, and that in (pay) (aur) apinian death accurred an the date and hour and from the 5-15 saw the deceased alive on causes stated abave, (1) (we) (did) (did not) view the bady after death.

ATTENDING

PHYS 22e ADDRESS DIRECTOR

PHYS.

LQCATION (City or Town)

DEGREE

HUBURY

NAME OF CEMETERY OR CREMATORY

ADDRESS.

2b HOUR

HOURS

Lost

APPROX MATE INTERVAL

BETWEEN ONSET AND DEATH

State

County

22c DATE SIGNED

IF UNDER , YEAR

DAYS

12b. KIND OF BUSINESS OR

MONTHS

director, g 30M REV.

22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type)

23g. BURIAL, CREMATION

REMOVAL TSpecify)

FUNERAL DIRECTOR

23b. DATE

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		36758		ERTIFICATE OF DEATH		7.55
# 5 g		CEASED-NAME First	Middle	Last 14	2a. DATE OF DEATH Mapth Day	Year / 2b. HOUR
F 1321	3. SE	ENEAN	4 RACE	S. DATE OF BIRTH	6. AGE (in years	FUNDER YEAR IF UNDER 24 HRS
se the state	3. 3E	Female	CAU.	11/3/189		ONTHS DAYS HOURS M.N.
P P P	7a. 8	IRTHPLACE (State or foreign 7)	o. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9	COUNTY OF DEATH	
n 21 h illed in papers iin 72 h	7	BALTIMERC. Md.	U.S.A.	WIDOWED DIVORCED	BANTIMORE	
	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hashital 12a. USUAL	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
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mted imple ve ca event	admi	JSJAL RESIDENCE (Where deceased ssian) STATE	lived, if institution Residence before 13b COUNTY	13c. CITY OR TOWN 13d. INSIDE CITY LIM THE YES NO D		P. a Box 223
ute be mxer	14	ATHER S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME First		Last
n on se r din	L	Clames		LOUISE		SCHRING
that the death certificate be an. by the attending plysicion or ransit permit. Then please r cremation, ar remaval, and in	16a. Y	WAS DECEASED EVER IN U.S. ARMED es, na, or unknown) (If yes give war o) FORCES? or dates of service) 16b. SOCÍAL SECURITY N	17. INFORMANT : PATIENT'S	Chart	
rer The P		18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).	A 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death cer attending p permit. The ian, ar rema		PART I. DEATH WAS CAUSED E IMMEDIATE	CAUSE (0) Starte Puel	monary Oedlend		1 show
aftendi aftendi permit. ian, ar r		4109	DUE TO, OR AS A CONSEQUENCE OF	1 2 9 1 4		101
that then on. by the ronsit cremati		Conditions, if any, which gave) rise to immediate cause (a), (cardial infanction	מא	60 chocus.
train,		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	•		
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e law trendir as bee as th priar t	CERTIFICATION	19a. DATE OF OPERATION 19b CO	NOITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS COM	ISIDERED IN CERTIFYING
The after has see a the piece of the piece o	ETIFIC			YES 🗌 NO 🔀	CAUSES OF DEATH?	
AN: of ar icate far u Heal		21 a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Enter n	ature of injury in Part 1 or Part 2, Ite	em 1B.)
Self find the se	MEDICAL	(If either, natify medical examiner) P.M. 19			
he has this ce letathe Dept.		21d INJURY OCCURRED 21e Pl While Nat while at wark	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f LOCATION Street or R F D. No.	City ar Tawn	County State
ING by the fter be d state	1		haspital) ottended the decease	ed from 5 - 24 , 19 6 9 6 8 , and that in (my) (aur) apini	8, ta 5-27, 19	, that (I) (we) last
Ped No. A		saw the deceased aliv	(I) (we) (did) (did not) view the	9 <u>& &</u> , and that in (my) (aur) apini body after death.	an death occurred on the date	e ond hour ond from the
P S S S S		22b. SIGNATURE	1 1	ATTENDING MEI	D. STAFF C22c. DA	TE SIGNED
OR be r		& Isreht	1 Breice	DEGREE PHYS. L.J DIR	ECTOR PHYS S	7/27/68
Page 4 may be o FUNERAL DI director, page		22d. PHYSICIAN'S NAME (Type) DER	EK A. BRUCE	22e. ADDRESS C. 13	. n.c.	/ /
Page 4	23a	BURIAL, CREMAT ON, 23b DA	TE 235 NAME OF	CEMETERY OF CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
2 2 2 J/	12	HINTOR 191-	1968 Stulan	ey Valley Monon.	Cockypvelle	Md.
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR BUSA	Sons Jones	2Sa. REC'D BY	and a second	will Justin



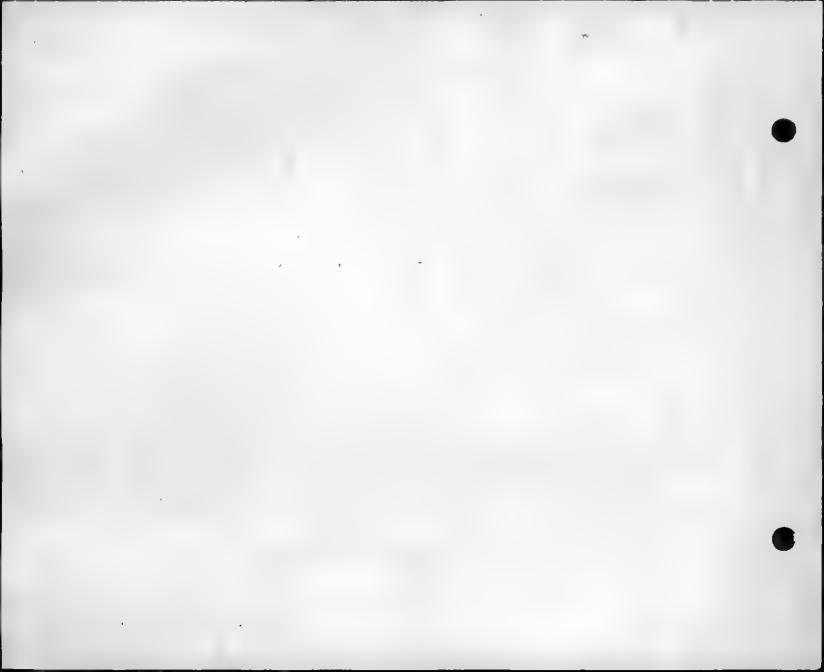
	MARYLAND STATE DEPARTMENT OF HEALTH	
Ø) FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First Medite Lost Dog Date Known Month Day Year	at Haus
HEALTH DEPT.	Type or Print)	26. HOUR
3 to 3 to oge	Thomas P. Neuberger 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE in years 1 15 UNDER 1 YEAR 15 UNDER 24 HRS 12 DATE PRONOUNCED DEAD	2d HOUR
eny delay s 2, and 3 to PM3. Page	last birthday) MONTHS DAYS HOURS MIN, Magazh Days Year	
A SE TO	Male W Oct. 1, 1916 51 YRS 5 4 19 68	11:154
FE A	(country)	šā a
toje	Maryland U.S.A. WIDOWED DIVORCED Balto. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not n hospital 120. JSUAL OCCUPAT ON (Kind of work done 120 KIND OF BUSH	NESS OR
dea » Po with	Baltimore Give street oddress) Avenue during most of working life, even if retired.) INDUSTRY Lawyer	
Given and a series of the seri	130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
s afte 18. Gi alon with death	odm ssion) SYATE Maryland 3b COUNTY Balto. Balto. YES NO X 1414 Woodcliff Avenue	
24 hours after death ony de in Item 18. Give Poges 1, 2, on r's Office along with farm PM3 ss 1 ond 2 with the Stote Departments ofter death.	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
	Andrew Neuberger Margaret Neuberger	
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (if yes give war or dofes of service) 215-03-3374 Mrs. Thomas P. Neuberger, Balto., Md. 21	- 4 -
d within in pencil Examine File page		
This certificate should be executed within cate, writing the word "pending" in pencil be forwarded to the Chief Medical Examine be used as a burial-tronsit permit File pagint removal and in any event within 72 hou	1B. CAUSE OF DEATH (Enter on y one cause per line to) (o), (b) and (c) PART DEATH WAS CAUSED BY	INTERVAL AND DEATH
nding" i Medical permit nt within	IMMEDIATE CAUSE (0) Coronary Kromboons - acute Sommed	wite
be eximinet Mendinet Mendinet Me	DUE TO, OR AS A CONSEQUENCE OF	
d be d 'f Chie rons	(and trans, if only, which gave) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
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is certifi te, writii forward e used a removal	WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter noture of in Jry in Port 1 or Port 2, Item 18)	NO 💢
This ficate be far or reported by the far of th	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 2 or HOW INJURY OCCURRED (Enter noture of in any in Port 1 or Port 2, Item 18)	1-3
INER: Te certific should b files. 3 should	PRIMARY OCCURRED 21e PLACE OF INJURY (At home, form, street). 21f LOCATION Street or R.F.D. No. City or Town County	
≥ • ₹ ₹ € €	finder If (94) 4.3	State
XAM tre th ge 4 your Poge crem	WHILE NOT WHILE TOCTORY, OTTICE BUILDING, etc.]	
ical EXA execute for. Poge ed for you CTOR: Pog buriol, cre	220 1 certify that I took charge of the remains described above, held on Autopsy, Inspection 🔀, Inquiry, and in m	y opinion
HCAL I e exector. Por ed for eCTOR: buriol	deoth resulted from: Notural causes 🔀 Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined monner 🗌	
please I directo retained I DIREC	CHIEF MEDICAL EXAMINER	
	SIGNATURE Clare & . I Elliamo M.D ASSISTANT MEDICAL EXAMINER 22th DATE SIGNED	10
DEPUTY Ctessory, please e funeral direct may be retaine FUNERAL DIRE ealth prior ta	EXAMINER'S NAME (Type) Clarence E. Moldilliams M. D. ADDRESS(Street, city, town, or county) // 9 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	00 SIX
o DEPUTY necessory, please the funeral direct 5 may be retaine 6 FUNERAL DIRE Health prior ta	Charleston it in the transfer the transfer the	all sale
5 2 5	230 BUR AL (REMAT.ON, REMOVAL (Specify) Burial 5-8-68 23c NAME OF CEMETERY OR (REMATORY 23d .OCAT ON (City or Town) (County) (St Burial 5-8-68)	ate)
Mr.	24 FUNERAL DIRECTOR ADDRESS 250 RECD BY REG STRAR 25b REGISTRAR S SIGNATURE	. 4
VR A15ME [5]	Witzke Funeral Directors, Balto., Ed. 21229 250 REC D BY REG STRAR 250 REGISTRARS SIGNATURE DATE MAY 7 1968 250 REC D BY REG STRAR 250 REGISTRARS SIGNATURE DATE MAY 7 1968	pe
10M REV 1/68		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 25. HOUR and 2 deoth. Month 29 Day low requires that the deoth certificate be executed within 24 hours after death (Type or pont) the funerol Adges 1 c 4. RACE 3 SEX S. DATE OF BIRTH 6 AGE (in years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) MONTHS HOURS QLS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY_OF DEATH MARRIED NEVER MARRIED country) Poland WIDOWED K DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospitoi 120 USUAL OCCUPATION (Kind of 126 KIND OF BUSINESS OR INDUSTRY COM physician and completely please remove carbor event. 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE 136. COUNTY A. Sexersky Court NO 🛌 ond in any 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First Last Last Renot Ohab 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, na, or unknown) [1] yes give war or dates of service] cremation, or removol, none signed by the attending phy APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ANCAR IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physicion. stating the underlying cause buriol, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ottending prior to hos been #pe CERTIFICATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? SD CAUSES OF DEATH? YES [NO [Health I O FUNERAL DIRECTOR: After this certificate by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. State Dept. of (If either, nat.fy medical examiner) be detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street of R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 18718, 1881, tall (I) (we) lost saw the deceased alive an 1961, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death. be retained should director, page 3 sho should be filed with 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22d. PHYSICIAN & 22e. ADDRESS Poge 4 moy NAME (Type) 23d LOCATION (City or Town) 23g BURIAL CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY (County) (State) BREMOVAL (Specify) Rome New York ADDRESS= 25a REC'D BY REGISTRAR 24. FLINERAL DIRECTOR VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME Last 20. DATE OF DEATH 2b. HOUR First requires that the death certificate be executed within 24 haurs after death. (Type or print) Manth 6. AGE (In years 3. SEX 4. RACE 1F UNDER ? YEAR IF JNDER 24 HRS last burthday) MONTHS DAYS HOURS the attending physician and campletely filled in by sit permit. Then please remave carban papers. P 9. COUNTY OF DEATH 7b. BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED how ambridge, Mass DIVORCED [WIDOWED V ar remaval, and in any event, within 72, 12a, USUAL OCCUPATION (Kind of work done OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR during most of working life, even if retired) give street address) 13a. USUAL RESIDENCE (Where deceased lived, nstitution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER NO. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First First Middle Last 166 SOCIAL SECURITY NO. 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknown) 212-01-5316Mrs.Ann P.Hoffman-1914 Old Frederick CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o Conditions, if any, which gave) 50 L burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a, AUTOPSY? CAUSES OF DEATH? far use i Health p YES 🔲 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. be detached 21d INJURY OCCURRED 21e. PLACE OF INJURY / AY HOME FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. County State City or Town OFFICE BUILDING, ETC. While Not while at wark 220. I certify that (I) (this hospital) ottended the deceased from sow the deceased glive on 3 2 2 2 2 2 2 2 2 and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING r, page 3 be filed PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) New Cathedral Cemetery -Baltimore. Maruland 256 REGISTRAR'S SIGNATURE **ADDRESS** 25a REC'D BY REGISTRAR 24 FLINERAL DIRECTOR VR A15 (4) 30M REV 1/68 Estate of Catonsville Funeral



Ther death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Page 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

L	4.6.04	9		CERTIFICA	ATE OF D	EATH				7.9
	DECEASED NAME (Type or print)	First EDWARD	Middle A •	ONHEI	Lost SER		2a. DATE OF DEAT	Manth Day	Year 68	25 HOUR 2:30P
3.	MALE.	4 RACE	HITE	S	. date of birt 9/26,		5.7	GE (In years t birthday) YRS.	IF UNDER YEAR MONTHS DAYS	IF UNDER 24 HRS. MOURS MIN
ca	BIRTHPLACE (State of the points) MARYLAND	1	U.S.A.	WIDOWED [D B		E COUNTY		Md
1	CITY OR TOWN OF D	RD		OSPITAL	·	during most	CCUPATION (Kinder Company)		12b KIND OF	
		Where deceased lived, if RYLAND 13b CO	Institution Residence before UNTY	BALT I		INSIDE CITY LIMITS	10-1 0.71221	AND NUMBER Eastern	Avenue	
14.	FATHER'S NAME	First N Peter	iddle lost Onheisei		MOTHER'S MAIL	DEN NAME First Cath	erine	Middle	Mille	last 22°
16	a. WAS DECEASED EVE Yes, po prunknawn)	R IN U.S. ARMED FORCES			ORMANT IN REC	ords, v	A HOSPI	Address		
Г		ATH (Enter only one caus H WAS CAUSED BY: IMMEDIATE CAUSE (e per line for (a), (b), and (c CONGESTIV		FAILUR	15				MATE INTERVAL DISET AND DEATH
	Conditions, if any	DUE 1	O, OR AS A CONSEQUENCE OF MYOCARDIA		CTION					
	rise to immediat stating the under last.	6 (0026 (0)*(O, OR AS A CONSEQUENCE OF ARTERIOSCI.		HEART I	ISEASE				
2	43 .	GNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL 1	DISEASE DR CON	DITIDN GIVEN IN	PART I(a)		
CERTREICATION	19a DATE OF OPERA	ATION 19b. CONDITION	FOR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPS	Y?	20b IF YES, CAUSES OF	WERE FINDINGS CO DEATH?		ERTIFYING
95	21a, ACCIDENT W/	AS UNDERLYING 21b.	TIME OF INJURY	21c. HOV	V INJURY OCCU	RRED (Enter no	ature of injury in	Part 1 or Part 2.	tem 18.)	

22e. ADDRESS

21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. Day 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

(If either, natify medical examiner)

(AT HOME, FARM, STREET, FACTORY.) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY Nat while

D.

5/20/68

City or Town Street at R.F.D. Na.

County

State

at wark at wark

22a. I certify that (tk (this hospital) attended the saw the deceased alive an 5/15/68 deceased saw the deceased alive an 5/15/68 19, and that causes stated above, (4) (we) (did) (die 43) view the bady after death.

TALBERT M. D.

and that in (My) (our) opinion death occurred on the date and hour and from the

22b. SIGNATURE

DEGREE

ATTENDING PHYS MED. DIRECTOR STAFF PHYS. 22c. DATE SIGNED 5/16/68

22d. PHYSICIAN'S NAME (Type)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

VAH FORT HOWARD, MARYLAND 23d. LDCAT ON (City or Town)
BALLTIMORE, MD. (County)

(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in ony event, within 72 hours affiled. FUNERAL DIRECTOR

FISHER

BUR AL, CREMATION

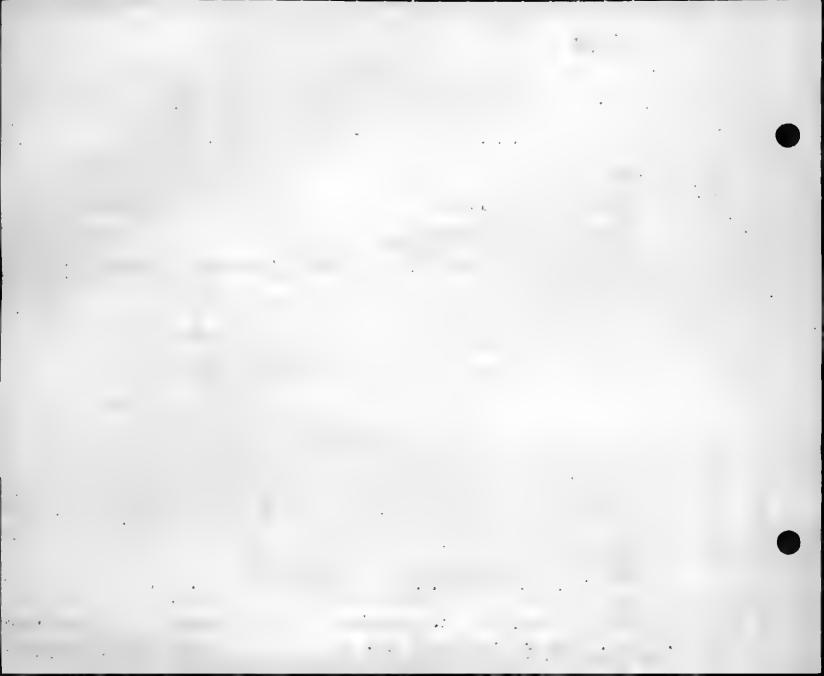
BURTAL (Specify)

BALTO NATI FISHER FUNERAL HOME

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2n DATE OF DEATH First Middle 2b. HOUR DECEASED NAME Month (Type or print) MARGARET O'SULLIVAN physician and campletely filled in by the fun en please remove carban papers. Pages 1 aval, and in ant event, within 72 haurs after o 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF JINDER 1 YEAR IF LINDER 24 HRS. requires that the death certificate be executed within 24 haurs after last birthday) HOURS 9/28/98 White Female 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED country) Scotland Baltimore U.S.A. WIDOWED X DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR 15 Nightingale Way Home during most of working life, even if retired) Housewife Baltimore 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before, [13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LUMITS? admission) STATE 13b. COUNTY Baltimore YEST Maryland 15 Nightingale Way 14, FATHER'S NAME Eirst Middle Last 15. MOTHER'S MAIDEN NAME First O'Roddy Margaret McDade Jamew 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, na. ar unknawn) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Brian M. O'Sullivan-15 Nightingale Way 108-20-9313 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 as the TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CERTIFICAT CAUSES OF DEATH? YES 🔲 NO 🗔 State Dept. of Health by the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, natify medical examiner) P.M. detached 2 d INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY 1 21F. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at wark 5-00, 19 6X, that (I) (we) last 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an 19:00, 10 _1968, and that in (my) (aur) apin(an death accurred an the date and haur and fram the saw the deceased alive an_ be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING MED DIRECTOR 6/1/68 director, page 3 22d. PHYSICIAN'S 22e ADDRESS NAME (Type)William A. 815 Eastern Blvd. Rogers, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) Oaklawn Cemetery Baltimore Marvland 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert C. Altenburg Funeral Home, Inc. 6009 Harford Rd. - Baltimore, Maryland 30M REV. 1768 1968 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2g. DATE OF DEATH DAVID OSWINKLE 4 RACE S. DATE OF BIRTH 6. AGE (In years

(Type or pnnt) CHARLES IF LENDER 1 YEAR the attending physician and campletely filled in by the sist permit. Then please remove carban papers Pages matian, ar removal, and in any event, within 72 pours attention, ar removal, and in any event, September 18, 1890 White Male 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED IN NEVER MARRIED Baltimore WIDOWED [DIVORCED Maryland U.S.A. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress)
St. Joseph Hospital during mast of warking life, even if retired) Towson 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 1/3c CITY OR TOWN 13d INSIDE CITY JAMITS? 13e STREET AND NUMBER Maryland 13b COUNTY YES ... 4410 Raspe Ave., 21206 Baltimore 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Last John Oswinkle Alice Keller Ida WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO 17 INFORMANT 212-34-8950 Rose Mic Oswinkle-4410 Raspo Avan 21 Yes, na, or unknown) (If yes give mor or dates of service) 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEAT Massive acute myocardial infarction IMMEDIATE CAUSE (a) ____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) Coronary artery thrombosis rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES TO NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (b) (this haspital) attended the deceased from April 26, 1968, to May 2, 1968, that (x) (we) lost saw the deceased live an May 2, 1969, and that in (max (our) april on death occurred an the date and haur and from the saw the deceased alive an May 2, 100, and that causes stated above, (N) (we) (did) (did not) view the body after death. directar, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR May 3, 1968 DEGREE PHYS 7620 York Rd., Towson, Md. 21204 22d. PHYSICIAN S

Reynaldo Orjuela-Gomez, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a. BUR AL, CREMATION Baltimore Cometeru REMOVAL (Specify) 24. FUNERAL DIRECTOR Join C. Hiller Inc-6415 Belair Rd. -21206

NAME (Type)

2Sa. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

Baltimore, " rulano

2b HOUR

O FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 30M REV 1/68

requires that the death certificate be executed within 24 haurs after death.

burial-transit

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shauld

signed by

be retained by the haspital ar

3676s

First

DECEASED-NAME



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME 2g. DATE OF DEATH First (Type or print) 6. AGE (In years last birthdoy) requires that the death certificate be executed within 24 haus 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done give street address) BALTIMORE COUNT during most of working life, even it retired.) Faidal 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, EITY OR TOWN 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER MAPYLAND 136 COUNTY DALSTOWN -IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME crematian, ar removal, and 16b. SOCIAL SECURITY NO 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown? 705-07-6451 signed by the attending ples burial-transit permit. There a burial, crematian, ar remay 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (BDISSECTING ANEU) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE BY MYDCAR-DIAL (NTAR:CTION) ANEURISH OF RORTA HRS DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) RTERIOSCLEROTIC CARDIOVASCULAR DISEASE rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the stough be filed with the State Dept. of Health priar ta HYPERTENSION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY CAUSES OF DEATH? YES N NO [21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY FT OR CONTRIBUTING FT CAUSE OF GEATH HOUR A.M. Manth Day (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) County State While Not while at work 22a. I certify that (I) (this haspital) ottended the deceased from Mry 25, 1968, ta Mry 25, 1964, that (I) (we) last saw the deceased alive an Mry 25, 1968, and that in (my) (aur) opinian death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after deoth. 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR STAFF PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23a BJRIAL GREMATION 23d. LOCATION (City or Town) FUNERAL DIRECTOR

2b. HOUR

VR A15 (4) 30M REV 1/68

be retained



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	28766		(CERTIF	CATE OF	DEATH				7 7 3
(1		osa	Middle	Pa	trick		20 D	May 2,	.1968	25 HOUR 6:10
3. SE	female	4. RACE No	gro		S. DATE OF E	21, 18	383	6. AGE (In years lost pirthdoy) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HGURS MIN.
coun	BIRTHPLACE (State or foreign atry) N. C.	U. S.	HAT COUNTRY? Ame of Hospital or In:	WIDOWE	The state of the s	RCED _	В	NTY OF DEATH Baltimore PATION (Kend of work done	125 KIND OF	M. BUSINESS OR
	Catons ville USUAL RESIDENCE (Where deceo	grve.	street address) PRING GROV	E STA	TE HOSP	during me	st of w	orking life, even if retired) ICWITE 13e. STREET AND NUMBER	INDUSTRY	
odm :	ssion) STATE Md.	13b. COUNTY	Lost		to. Is MOTHER'S M			316 N. #dg	ewood St	Lost
	UNKNOWN					Lou		man		1031
160. Y	(4 yes give	MED_FURCES? war or dates of service)	217-54-		. INFORMANT Record	s: SPRI	NG	GROVE STAVE I		
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI		ne for (o), (b), ond (c). Congest		eart fa	ilure		•	APPROXI BETWEEN (IMATE INTERVAL DINSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a),	(1.)	A CONSEQUENCE OF Hyperten	sive	cardiov	ascular	di di	sease		
	stating the underlying cause last.	DUE TO, OR /	AS A CONSEQUENCE OF							
z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBU	n Asthm		TO THE TERMINA	AL DISEASE OR C	ONDITIO	ON GIVEN IN PART 1(o)		
CERTIFICATION	190 DATE OF OPERATION 19b	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20o. AUT			20b. 1F YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN C	ERTIFYING
MEDICAL CEI	210 ACCIDENT WAS UNDERLY! ☐ OR CONTRIBUTING ☐ CAUSE OF OR/ (If either, notify medical exam	TH HOUR A.M. iner) P.M.	Month Doy Year	9				of injury in Port 1 or Port 2	, Item 18.)	
	ot work of work		(AT HOME, FARM, STREET FA OFFICE BUILDING, ETC.					City or Town	County	Stote
	causes stated abov	ilive an	May 2	19 <u>68</u> , o	ind that in (n	<u>30</u> , 19_0 ny) ¤(∂© r) opi	<u>68</u> , nion d	to <u>May 2</u> , 19 leoth occurred on the d	68, that lote and hour	t (W) (we) to and from th
	22b. SIGNATURE CLE 22d PHYSICIAN'S	arues.	na no), DE	GREE PHYS.	D LJ D	NED. IRECTOR	STAFF ISTAFF	DATE SIGNED 5-2-68	
	NAME (Type) Nai		mona, M.D.			DIVERSO ->-	alti	more, Maryla	nd 21228	3
£.	REMOVAL (Specify)	0/68	23c. NAME OF	Cruy	OR CREMATORY		10	ERTIE C	(County)	(State)
24	FUNERAL DIRECTOR	O Juige	address	611	6000	250. REC'D B			S SIGNATURE	del

Uneral Trand 2 **e**urs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pagesstabuid be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 ho TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24th Page 4 may be retained by the haspital ar attending physician.

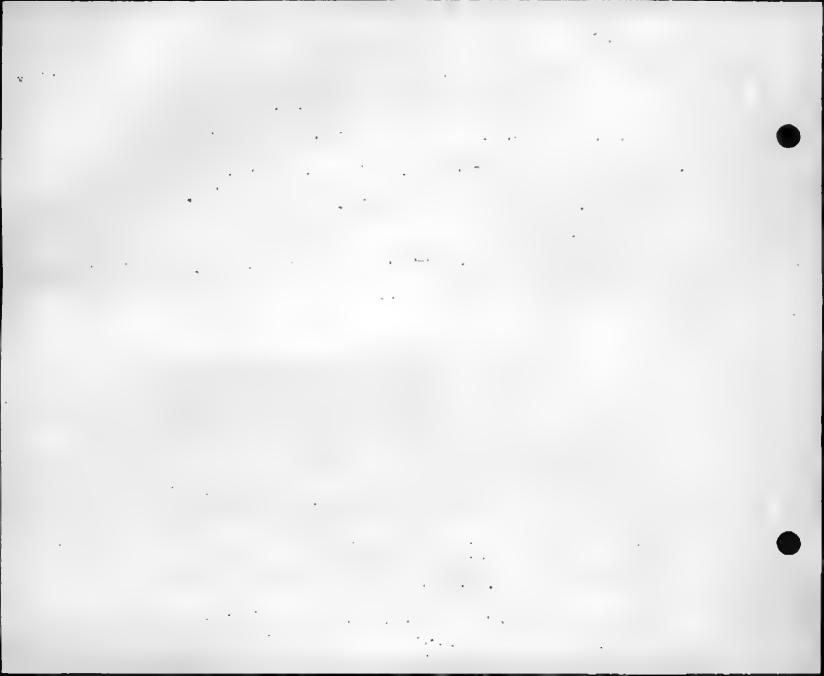
death.

30M REYYI



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH DECEASED-NAME First 2b. HOUR Month requires that the death certificate be executed within 24 hours ofter death. physician and completely filled in by the faneral en please remove carbon papers. Pages 1 and ovol, and in any event, within 72 hours after deatle (Type or print) William B. Pearce IF UNDER YEAR 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 88 birthday) HOURS SHINOM Nov. 9. 1879 white male 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign MARRIED TO NEVER MARRIED country) Baltimore S. C. U.S. WIDOWED SE BINORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)

nouse painter INDUSTRY the attending physician and completely a latonsville STATE HOSP. 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY NO FT 94 Mosher Street Balto 14. FATHER'S NAME IS. MOTHERS MAIDEN NAME First Middle Lost Oliver B. Pearce Anna Melton 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, na, ar unknawn) (If yes give war or dates of service) 215-03-4062 cremation, or removal, Records: SPRING GROVE STATE HOSPITAL APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the l i Health prior to b has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO X YES 🔲 10 FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. 21d INJURY OCCURRED Stote 21e. PLACE OF INJURY City or Town County While Not while of work 22a. I certify that (f) (this haspital) attended the deceased from saw the deceased glive on May 12 19 68 Jan. _19_68 and that in (my) (360%) opinion deoth accurred on the dote and hour and from the saw the deceased alive on. be retained causes stated abave, (1) (we) (did nat) view the bady ofter death. **SIGNATURE** 22c DATE SIGNED ATTENDING STAFF PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Poge 4 moy NAME (Type) JENNI Baltimore, Maryland 23d. LOCATION (City or Town) 230. BURIAL CREMATION. (County) (Stote) REMOYAL (Specify) 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 DATE



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICA

CERTIFICATE OF DEATH

	410 4 110				CERTIFIC	MIL VI	DEMII						4.47
	ECEASED-NAME	First		Middle		Last		20. [DATE OF D				2b HOUR
((ype ar print)	Nona		Francis		PETERS				Month May	13.	. 1968	9:05AM
3. SI	EX		4. RACE			S. DATE OF	BIRTH			6 AGE (In ye		F JNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
F	emale		White			June	28, 18	394		last birthday	YRS	UNINS UATS	HUUKS MIN.
	BIRTHPLACE (State or I	areign 7	b. Citizen of W	HAT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COU	NTY OF D	DEATH			
M	aryland		U.S.A	•	WIDOWED		ORCED	Ba	ltim	ore,			Md.
10.	CITY OR TOWN OF DEA	TH		IAME OF HOSPITAL OR IN street address)	STITUTION (If n	ot in haspital	12a U	SUAL OCCU	JPATION (Kind af wark fe, even if re	dane	12b KIND OF	F BUSINESS OR
	owson		Š	r. Joseph	HOSPIT	AL	H	omema	ker			INDUSTRY	Home
		here deceased	lived, af institu	tran Residence befare	13c. CITY OR		138 INSIDE CT			EET AND NUM			
	issian) STATE aryland			Baltimore	Timon			но 😿	112	Sprin		e Dr.	
14		in Was	strler	Last	19	MOTHER'S I	AAIDEN NAMI	E First		Ma	ddle		Last
160	. WAS DECEASED EVER	IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY		NFORMANT				Add	lress .		
	(e) ho, ar unknawn)	None	or dates of service)		/-	amily	recon	ds					
				ine far (a), (b), and (c)									OMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSED IMMEDIAT	BY: E CAUSE (a)	Congestive	heart	failu	re						
	4109	7		AS A CONSEQUENCE OF									
	Canditians, if any, v rise ta immediate i	thich gave	(b)	Acute myoc	ardial	infar	ction						
	stating the underly			AS A CONSEQUENCE OF									
	lost. 4201	}		Coronary a									
				TING TO DEATH BUT N			AL DISEASE C	OR CONDITIO	ON GIVEN	IN PART 1(a)			
NO				s with met					Teet is a	VEC 144FRE EIL	DINIOC COL	CINCOLD IN A	CERTIFYING
CERTIFICATION	19a. DATE OF OPERATI	ON 196. C	JUDITION FOR WI	HICH OPERATION WAS PI	EKŁOKWED	20a. AU YES D				YES, WERE FIN OF DEATH?	DINGS CON	AZIDEKED IN (LEKIIFTING
	21a. ACCIDENT WAS					OW INJURY O	CCURRED (E	nter nature	af Injury	in Part 1 ar	Part 2, 1te	em 18.)	
MEDICAL	(If either, natify med	dical examine	r) P.M.	1	9								
W	21d. INJURY OCCURR While Nat while at work at work	ED 21e. P	LACE OF INJURY	(AT HOME FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LO	OCATION Str	eet ar R F.D.	Nα.	City o	ır Tawn		County	State
	22a. I certify th	at 🔊 (this	haspital) at	tended the deceos	ed from	5/5/-	, 19	68.	105	/13/	, 19_4	68_, tha	it 🔉 (we) last
	saw the de	ceased ali	ve an	5/13/ (did nat) view the	19_68, on	d that in (I	ny) (our) (opinion o	leoth od	curred on	the dote	e and haut	and from the
	22b. SIGNATURE	ea anave,	(i) (we) (uid	, (ala nai) view ine	body direc	ueum.	·				22r DA	ATE SIGNED	
	22b. Signature	Ici	lle	-	DEGI			MED DIRECTOR	. 🗆	STAFF PHYS.		13, 1	968
	22d. PHYSICIAN S NAME (Type)	Ines	Cillian	1, M.D.		22e. Al 76	20 Yor	k Rd	., To	owson,	Md.	21204	,
23a	BURIAL, CREMATION,	23b. D	ATE	23c NAME OF	CEMETERY OR	CREMATORY		23d.	LOCATION	l (City ar Taw	n)	(County)	(State)
	REMOVAL (Specify)	May	18,190	8 May's	hapel	Cenet	2/12/	7	inon-i	10758 REG	1		
24.	FUNERAL DIRECTOR	Bunn	1 Sans	Tourson.	M.	0	25% REC'I			256 REG			Quelar

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers spoud be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 79 h



	86769	DIVISION OF	VITAL RECORDS,		RESTON STRI ATE OF C	,	MORE, N	AARYLAND	21201	0.1	~ m m 6
1. D	ECEASED NAME Firs	t	Middle		Lost		20. DATE	OF DEATH			2b HOUR
	Type or print) Hele		К.	P	Month C						11:18
3. SI		4 RACE	~~~	-	S DATE OF BIRTH 6 AGE (In years						I SE JINDER 24 HRS
	emale	White			lost birthdoy)						HOURS MIN.
	BIRTHPLACE (State or fore.gn	7b. CITIZEN OF W		I R				OF DEATH	47 YRS.		
COU	ntry)				NEVER MARR	IED					
P	ennsylvania CTY OR TOWN OF DEATH	U.S.		WIDOWED		1		timore		12b KIND OF	Md
1	Towson give street oddress) during most of working life, even if retired Housewife										
13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c (ITY OR TOWN 13d INSIDE CITY LM 137) 13e STREET AND NUMBER											
V	ussion) STATE	136. COUNTBE	altimore	Dunda	alk	YES NO	X.	3512 D	ınhavei	n Kd.	
14	FATHER S NAME First	Middle	lost	15	. MOTHER'S MAI	DEN NAME FI	st		Middle		Lost
	Joseph		Kelly	r		Ma	ry			d0	erle
	. WAS DECEASED EVER IN U.S. AI		16b. SOCIAL SECURITY	NO. 17 I	NFORMANT (Husban	d)		Address	Dundalk	, Md.
	Yes, no, or unknown) (11 yes give	wer or agres or service)	212-18-86	40 M	r. Geor	ge Pfe	iffer	3512	2 Dunha	ven Rd	
	1B. CAUSE OF DEATH (Enter of	infy one couse per li	ine for (a), (b), and (c)							APPROXII	MATE INTERVAL MSET AND DEATH
	PART I DEATH WAS CAUS	ED BY	Carcinoma		ht lung	with:	metas	stasis		04.11.2217	THE BOTH
ı	1621 mines	INTE CHOSE (O)	AS A CONSEQUENCE OF								
	Conditions, if any, which gave)	AS A CONSEQUENCE OF								
	rise to immediate couse (a)	(0)	AS A CONSEQUENCE OF								
	stoting the underlying couse lost.	(c)	THE PERSON NAMED OF								
	PART 2. OTHER SIGNIFICANT CO		JTING TO DEATH BUT 1	OT RELATED TO	THE TERMINAL	DISEASE ORCO	NDITION G	GIVEN IN PART	1(0)		
z	1. 2.										
CERTIFICATION	190. DATE OF OPERATION 191	. CONDITION FOR WE	HICH OPERATION WAS P	ERFORMED	20o. AUTOP.	SY?				INSIDERED IN C	ERTIFYING
崖					YES 🔲	NO 🔀	CAI	USES OF DEAT	1?		
	210 ACCIDENT WAS UNDERLY				OW INJURY OCCU	IRRED (Enter	nature of	injury in Port	1 or Port 2, It	rem 18.)	
MEDICAL	☐ DR CONTRIBUTING ☐ CAUSE OF DE (If either, notify medical exam	ATH HOUR A.M.		9							
TO A TIEL TRIBUTE OF CHECKED I THE STATE OF TRUBER 1 TO TOWN THE TOTAL TO THE STATE OF K.P.U. NO. LITY OF TOWN										County	State
	of work of work										
	22a. I certify that (X) (this haspital) attended the deceased from 4/26/ , 19.68 , to 5/2/ , 19.68 , that (X) (we) last saw the deceased alive an 5/2/ 19.68 and that in (my) (aur) apinian death accurred an the date and haur and from the										
	saw the deceased alive an 5/2/ 19 68 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death.										
	22b. SIGNATURE	, (., (.,.) (ala)	Tara trail state the	and all of					22c. D	ATE SIGNED	
	Romun	25	(Mea	DEGR	EE PHYS	ME DI	D. RECTOR [STAFF PHYS.		7 2, 19	68
	224 PHYSICIAN'S	on P. Lop	1 1		22e, ADDR	ESS					
	neuer (1 loc) TeSTIII	M T + TOD	OZ 5 FI.D.		1020	York	na,	*OM201	ig Pille	CTC04	

23c NAME OF CEMETERY OR CREMATORY

Baltimore National

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filled in by the director, page 3 should be detached for use os the beral-transit permit. Then please remove corbon pages 23.0 gets director, page 3 should be detached for use os the biral-transit permit. Then please remove corbon ; ships in the filed with the State Dept II Health prior to burial, cremation, or removal, and in ony event, with VR A15 (4) 30M REV, 1/68

death.

72 hours ofter

funeral I and

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 moy be retained by the hospital or attending physician.

O HOSPITAL

230 BURIAL, CREMATION, BURIAL Specify) 24 FUNERAL DIRECTOR
John J. Duda, 7922 Wise Ave. Dundalk, Md.

23b. DATE 5/6/68

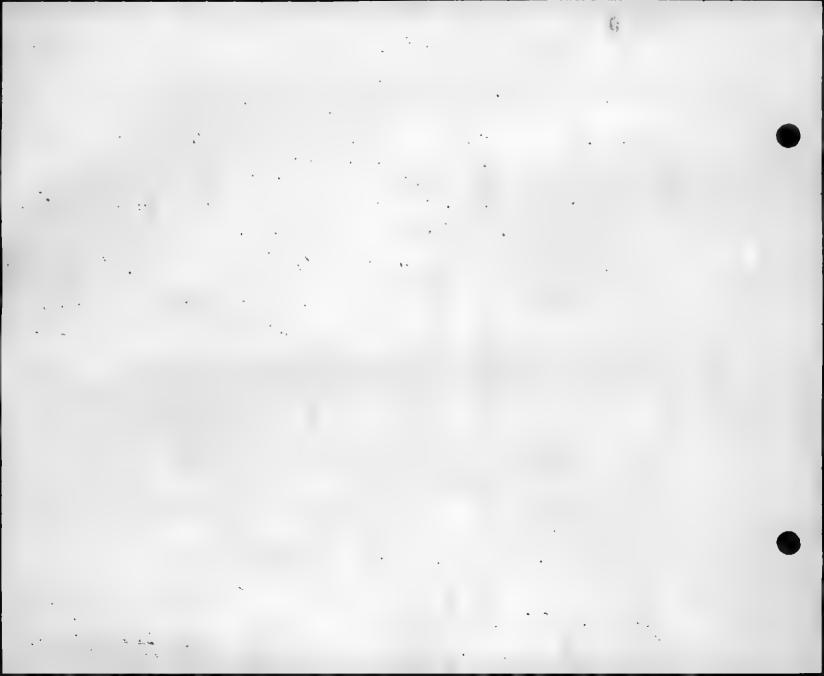
Baltimore, Md. Cem. REGISTRARS SIGNATURE 250 REC'D BY REGISTRAR 1968 MAY 6

(County)

(Stote)

23d. LOCATION (City or Town)





MARYLAND STATE DEPARTMENT OF HEALTH DECEASED-NAME First e death ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) Cha SEX

male 7a. BIRTHPLACE (State or foreign

Md

country)

Į	OIVISIO	N OF VITAL RECORDS,	301 W. PR CERTIFICA			MORE, I	MARY	YLAND 212	201			7778	
		Middle		Last		2a. DATI					l'eor	2b. 1	IOUR 15
r	les		Plas	sil		May Manth 9, 1968) à	45 W	
	4. RACE	white	1	Nov.	30, 18	85		6. AGE (In year inst birthday 82	ors } YRS.	IF UNDER MONTHS	DAYS	IF UNDER HOURS	24 HRS. MJN.
71		OF WHAT COUNTRY?	8. MARRIED [NEVER MAI	KKIENTAL	9. COUNTY Bal		MOT 0					Md
		11 NAME OF HOSPITAL OR IN: give street address) SPRING GROVE	STATE I			st af work	ing li	Kind af work fe, even if ret a man		12b I INDU		BUSINESS	OR
d	lived, if 1 13b. £0L	Institution Residence before	13c CITY OR T		13d INSIDE CITY LIF			ET AND NUME	-	iøh	t.e. /	veni	าค

10. CITY OR TOWN OF DEATH Catonsville 13o. USUAL RESIDENCE (Where decease admission) STATE First Lest 15. MOTHER'S MAIDEN NAME First Middle Lost Martin Plassil Anna Plassil 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) Records: SPRING GROVE STATE HOSPITAL APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and PART J. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Conditions, if any," which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO 🔽 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 21d. INJURY OCCURRED
While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State 220. I certify that (F) (this hospital) attended the deceased from March 20 , 19 22 , to May 9 , 1968 , that (I) (We) lost sow the deceased alive on May 9 19 68 , and that in (my) (Sr) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death. 22c DATE SIGNED 5-9-68 22b. SIGNATUR

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages A and shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs affected 14. FATHER'S NAME 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? roperations of the contract of the contract of the property of the contract O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. CERTIFICATION **ATTENDING** MED. DIRECTOR DEGREE PHYS 22e. ADDRESS SPRING GROVE STATE PHYSICIAN'S NAME (Type) A. B. Hooton, M.D. Baltimore, Maryland 21228 23d. LOCATION (City or Tawn) **BURIAL, CREMATION** 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 5-10-68 National Bohemian Cemetery Balto. 4101 Edmondson Ave Augus 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 1968 3 Funeral Directors, Balto., Md. 21229 litzke

2Sb. REGISTRAR'S SIGNATURE

(Stote)

HOSPITAL

(County)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Inst 20 DATE OF DEATH DECEASED NAME First Middle 25 HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) 1968 MAY 5:20AW POETZEL HOHON S DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 4. RACE 6. AGE (In years iast birthday) 1908 OCTOBER 21 WHITE FEMALE 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED LINEVER MARRIED and in any event, within 72 hou country) the attending physician and completely filled in sit permit. Then please remove carbon papers? BALTIMORE. WIDOWED [DIVORCED MARYLAND U.S.A. 10. CITY OR TOWN OF DEATH 12a USUA: OCCUPATION (Kind of work dane 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OF give street address)
ST. JOSEPH during mast of warking life, even if retired.) TOWSON 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES TOTAL NO 🗌 Baltimore 802 S. FAGLEY ST. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Last **JOHN** RETTIEN KATHERINE KEUMET 165. SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, og unknawn) NONE Joseph C. Poetzel: 802 S. Fagley St 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Diabetes mellitus DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) bunal-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Septicemia due to Gram-negative bacteria. O FUNERAL DIRECTOR: After this certificate has been os the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 3Y of Health p NO [Poge 4 may be retained by the hospital or 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21s HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street at R.F.D. Na. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Nat while at work 198 to MAY 29 22a. I certify that (K (this haspital) attended the deceased fram FIAY L2 saw the deceased clive on MAY 29 1968, and that causes stated above, (I) (we) (did) (did nat) view the body after death. _1968_, and that in (my) (aur) opinian death occurred an the date and have and from the 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR May 29, 1968 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Reynaldo Orjuela-Gomez, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) director, 23d IOCATION (City or Town) 17401 German Hill id., 23c. NAME OF CEMETERY OR CREMATORY 23a BURTAL, CREMATION 23b. DATE PENDYAL (Sed la) 6-1-68 Sacred Heart Cometery 901 S. OWNELing St. Balto., 21224, Md. REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A75 30M REV.



210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County City or Town While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 19 68 ta <u> 37 20</u> 5/8 _, and that in (my) (our) opinion death occurred an the date and hour and from the saw the deceased alive on.... causes stated above, (I) (we) (did) (did not) view the body after death.

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Holy Redeemer Cem.

ATTENDING

22e. ADDRESS

PHYS

MED. DIRECTOR

25o. REC'D BY REGISTRAR

STAFF PHYS.

23d LOCATION (City or Town)

6701 N. Charles STreet

Stote

22c. DATE SIGNED

(County)

Baltimore, Malryland

25b. REGISTRAR'S SIGNATURE

5/20/68

requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to be director, page 3 30M REV. 1

22b. SIGNATURE

22d. PHYSICIAN

23o. BURIAL, CREMATION

FUNERAL DIRECTUR

NAME (Type)

John E. Adams. M.D.

23b. DATE

5/24/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

wc274

CERTIFICATE OF DEATH

		00004		CERTITICATI	. OI DEATH		1.1
1		PLACE OF DEATH			2. USUAL RESIDENCE (WI	here deceosed lived, if institution	Residence before admission)
J	(. COUNTY Balti	lmore	MARYLAND	a. STATE Maryl	and b. COUNTY	Baltimere
	ī	CITY OR TOWN (If ourtside	corporate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outs	ade carparate fimits, write RURAL o	and give nearest town)
		write RURAL and give ne	orest town)		Balti	erom.	
	Η,		ISTITUTION (If not in haspital,	nive street address)	d STREET ADDRESS		e IS RESIDENCE
}			Villa Nursin		11	St. Paul St.	ON A FARM? YES NO 🔀
	0 1	AME OF			<u> </u>		
Á	l i	DECEASED	First Marion	Middle	Price	4 DATE Month OF May	21 1968
7	5. 5	Type or print)		COLUMN TO THE PARTY OF THE PART		UEAIH	UNDER I YEAR IF UNDER 24 HRS.
	3. 3		OR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 189	last birthday) Mi	anths Days Hours Min.
	-		#IDOMED	DIVORCED	May 4, 1894	7	
		USUAL OCCUPATION (Give ki ng most of warking life, even		IND OF BUSINESS OR IDUSTRY	11 BIRTHPLACE (County & 1		12 CITIZEN OF WHAT COUNTRY?
	_					ore, Maryland	Ü.S.A.
	13.	Robert O'B:	of on		14 MOTHER'S MAIDEN NA	_{ME} Burkart	
	IS.	WAS DECEASED EVER IN U.S.s, na_ar unknown) (If yes gr	1 1 1 1 1		INFORMANT	Address	
	(+0.	Yes	AM alama a same Ar	13-07-9569	Sister M. Car	lotta, R.S.M.,6	400 Bellona Ave
			ter anly ane cause per line for	(a), (b), and (c).)	2 1 1 1	4 0	INTERVAL BETWEEN
	П	PART I. DEATH WAS	CAJSED BY MMEDIATE CAUSE (6)	inevalued of	archal a	uleurselewa	ONSET AND DEATH
	Н	437.9	DUE TO	0			
		Conditions, if any which o	gave) (b)				
		rise to immediate cause stating the underlying co	(a), (DUE TO			_	
		last.	(c)				
	-	PART II OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	TION GIVEN IN PART 1(a)	19 WAS AUTOPSY
	CERTIFICATION	334x					PERFORMED?
	EFIC.	200 ACCIDENT WAS UNDERL	YING [7] 20b DI	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pa	art 1 or Part II of item 18)	Bring - Bring -
	CERT	OR CONTRIBUTING CAUSI	E OF DEATH		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		20c. TIME OF INJURY MO		NJURY OCCURRED 20e PL	ACE OF INJURY (Hame, form,	20f (City or town)	(County) (State)
	MEDICAL	Haur 'a.m.	While	Nat While fac	tary, street, office bldg., etc.)	(11)	()
		p.m.	ai wai		10	60, to_	, 19 6 8 that (I) (we) last
			(I) (this haspital) atten	ded the deceased fram			, 19 <u>6</u> 5 that (1) (we) last I an the date stated above.
		22a SIGNATURE	dive on	7 1760, und me	ii dediii decoiled di Z		22b DATE SIGNED A
	П	ZZG SIGNATORE	HVR K			AED. STAFF DIRECTOR PHYS.	5/22/68
		22c. PHYSICIAN S	00013.79	3 m	D. PHYS, LET D	IKECIUK L. PHYS. L.T.	0120160
	П	NAME (Type)	r. Walter Buck	k		Eager St. Balto	ма
	19-	SURIAL CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	
	250	REPOWNLISPELIA	5-24-68	Baltimore N			(County) (State)
	74	FUNERAL DIRECTOR	7.2		T as a sale	Baltimore, Manager Strand	RAR'S SIGNATURE
	24.		am 8501 t	Rayen Blvd. B	TCOT I	1 2 7 1968 HC	KARS SIGNATURE
		THE DOUGHTS	OTT POCH	KRYAN KIVA. R	O TO MANTE !!!	1 1000	

TO INOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Beath certificate be executed within 24 hyber **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled man director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban paper as should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hau Rage 4 may lie retained by the hospital or attending physician VR A15 (4) 25M 1/67



requires that the Beath certificate In Executed within 24 limurs

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O FUNERAL DIRECTOR After this certificate

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		DIVISION OF	MARYLAN VITAL RECORDS,			MENT OF H			201		
	. 272	DIVISION OF			CATE OF		MORL	MAKIDAND ZI	201	.167	83
	CEASED-NAME First		SALVATOR	E I	PUCC'I		20. DA	TE OF DEATH Month	2004	1968	2b. HOUR 4:15P _N
3. SE		4. RACE WHTTE	3		3/22			6 AGE (In y		ONTWS OAYS	IF UNDER 24 MRS. HOURS MIN
	BIRTHPLACE (Stote or foreign ARYLAND	76 CITIZEN OF WH.		WIDOWED		RRIED []		Y OF DEATH LTIMORE C	OUNTY	-	Md
	TITY OR TOWN OF DEATH RT HOWARD		ME OF HOSPITAL OR IN: Weet oddress) HO	SPITAL		duBR TO	KLAY	ATION (Kind of wor tking life, even if r		126 KIND OF INDUSTRY U.S	BUSINESS OR
13o. odm	USUAL RESIDENCE (Where decedingsion) STATEMARYLAND) 13b. COUNTY	on: Residence before	BALT	R TOWN IMORE	13d. INSIDE CITY EIN YES NO	1	se street and nui 4517 CLA		,	
14, 1	FATHER'S NAME First PETER	Middle PUC	CI		IS. MOTHER S A	ANN	_	A	Aiddle B I	SCOTTI	Lost [
16a. Y	WAS DECEASED EVER IN U.S. AR	MED FORCES? war or dates of service)	166 SOCIAL SECURITY 1 215 16 96		INFORMANT CLIN.RE	CORDS.	VA H	OSPTTAL,	dress FT H		MD.
7	PART I. DEATH WAS CAUSI HMMED Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR A (b) DUE TO, OR A (c)	ARDTAC ARR S A CONSEQUENCE OF ACUTE MYC S A CONSEQUENCE OF TING TO DEATH BUT N	CARDI			DNDITION	GIVEN IN PART 1(a)		
CERTIFICATION	190. DATE OF OPERATION 196	. CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUT YES 🖆	10"		OB IF YES, WERE FI		ISIDERED IN C	ERTIFYING
MEDICAL CER	210. ACCIDENT WAS UNDERLY OF CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. niner) P.M.	Month Doy Year	9				f injury in Port 1 o	r Port 2, Ite		
\$	at work of work		AT NOME FARM, STREET, FA OFFICE BUILDING, ETC.					City or Town		County	Stote
	22o. I certify that (1) (t sow the deceased couses stated above	his hospital) atta olive on	didoot view the	ed from 9, or body ofter	nd that in (i death.	, 19, 19, 19, 19, opii	nion de	o 5/2/00 oth occurred or			ond from the
	22b. SIGNATURE	nerk	willy	M	GREE PHYS.	L DI	ED. R e ctor	STAFF x		TE SIGNED 3/68	
	NAME (Type)AHMED	C. K. KUI			VA	HFORT		URD, MARY			
23a	BURIAL, CREMATION, 23b REMOTAL(Specify)	\$16/68	23c. NAME OF OAKIA		R CREMATORY METERY			CATION (City or To		(County)	(Stote)

to FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within (2 hours after death. VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deeth certificate be executed within \$\textit{14}\$ hours often Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR

OAKLAWN CEMETERY JOSEPH N. ZANNINO F

250 REC'D BY REG STRAK UNER ATA HOME DAIL WAY

REGISTRAR'S SIGNATURE 25b.



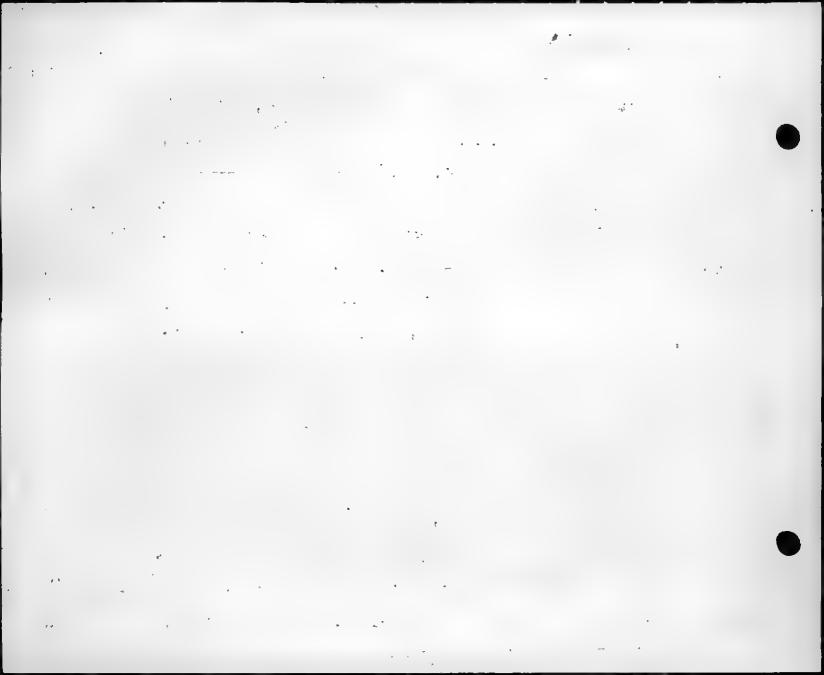
H.W. Jenkins & Sons Co. 1905 York Rd. Balton MAY

VR A15 (4)

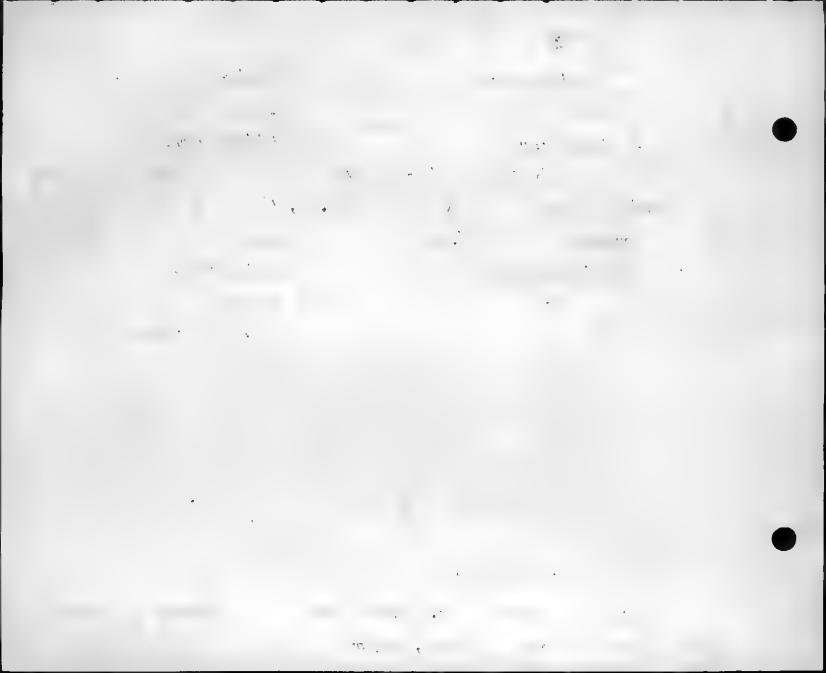
30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR P DECEASED-NAME Middle 2a DATE OF DEATH First Manth 15 Day 1968ar (Type or print) RACKENSPERGER MAY MARY AGNES 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER & YEAR IF LINDER 24 HRS. last bittingay) AUGUST 27. requires that the death certificate to make the within 24 tours aft 1927 WHITE FEMALE emove carbon papers. "On any event, within 72 hours 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) ond completely filled in MARYLAND U.S.A. BALTIMORE. D-VORCED WIDOWED [12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress) during mast of warking life, even if retired) remove corbon JOSEPH HOSPITAL TOWSON 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e. STREET AND NUMBER admissiani 1801 ABERDEEN RD. Middle IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Lost Jacob Rackensperger Agnes Schaffer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) Mrs. Agnes Rackensperger 214-01-8560C Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Granulomatous peri-carditis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) (b) Multiple granulomas of both lungs and lymph nodes. burral-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(G) as the O HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO 🖂 of Health : 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 181 OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (M (this hospital) attended the deceased from MAY 3. saw the deceased olive on MAY 15 19 68, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. May 16, 1968 DEGREE 22e ADDRESS 22d PHYSICIAN'S Lawrence F. Misanik, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 director, plnock 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) 5/20/68 Holv Redeemer Balto. Md. **ADDRESS** 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE! Mitchell-Wiedefeld Home 6500 York Rd.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Ifter Weath PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore (ounty MARYLAND CITY OR TOWN (if outside corporate limits, write RUPAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours lowson owson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARME Highland Avenue Linden Avenue NO T whin completely we carbon p W H 3. NAME DE DATE Middle Month Year and com, remove carbo DECEASED DF 1968 26 Raphel 11 aug (Type or print) t keuru DEATH onninne AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months I Oays white WIDOWED 7 OIVORCED remale nding physician a . Then please re removal, and in a .5 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY during most of working life, even if retired) Housewile home certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME n signed by the attending burial-transit permit. Thei burial, cremation, or remov Paul Aimee Fleury Jenkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address eath (Yes. no, or unkown) (If yes give war or dates of service) records none no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] aw requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: TERIOSCLEROTIO IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which (b) been gave rise to Immediate the r to DUE TO cause (a), stating the prior underlying cause last. has 88 No 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use for use Health PERFORMED? certificate CERTIFICATI NO & YES this cerum detached fo 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. MEDI While Not While After p.m. 19 at work I at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 3 195 5 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 23 from the causes and on the date stated above. saw the deceased alive on OATE SIGNED SIGNATURE þ ATTENOING PHYS. STAFF DIRECTOR M.D. Page 4 may HOSPITAL PHYSICIAN'S 22d. AODRESS director, p NAME (Type) 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY Stephens runch 25a. REC'D BY REGISTRAR J. REGISTRAB'S VR A15 DATE wins 20M



death.

Funeral Pond

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

467	. 0		(CERTIFI	CATE OF	DEATH					25 /5 1	31
1. DECEASED-NAME (Type ar print)	First Na 1	ı	Middle		Reiber	t	20 [DATE OF DE	Manth Manth	ıo,	1 ⁷⁸ 60	20 HOUR 11:45
3. SEX Female		4. RACE	white		S. DATE OF F	ary 14	, 18	95	AGE (In year last buthsoy)		JNDER 1 YEAR NTHS CAYS	HOURS MIN,
7c. BIRTHPLACE (State of country) Virgin	nia	7b. CITIZEN OF WE	l •	WIDOWED	لطه	RCED	Ba		re Co			Mo
Catonsvi	lle	Sprin	AME OF HOSPITAL OR INS street address) ag Grove St	tate H	ospita	during m	ast of w	vorking life	ind of work , even if reti	red)	126, KIND OF INDUSTRY	BUSINESS OR
13e USUAL RESIDENCE (odmissian)		ed lived, if jostitut 13bCOUNTY	ian. Residence befare	13c CITY O		YES N	IMITS7		Smal		St.	
14 FATHER'S NAME	First Unkno	Middle DWII	Last		s mother's i	naiden name i Unkr			Mid	die		Lost
Yes, no, or unknown)	(If yes give w	ar or dates of service)	16b. SOCIAL SECURITY IN 213-05-965 ne for (o), (b), and (c).	96	INFORMANT Re	cords:	Spr	ing G	Addr	State	Hosp	ital
Azote	which gove e cause (a), rlying couse /	(b) A DUE TO, OR A (c) IDITIONS CONTRIBU	AS A CONSEQUENCE OF AS A CONSEQUENCE OF TING TO DEATH BUT NO TYPE TO ATT	OT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITIO	ON GIVEN II	V PART 1(a)	.0	10	years
19a. DATE OF OPERA		_	IICH OPERATION WAS PE		20a. AU YES [_	CAUSES O				ERTIFYING
OR CONTRIBUTING (If either, natify n 21d INJURY OCCU	CAUSE OF DEAT	HOUR A.M.		9				City ar			Caunty	State
22a. I certify sow the causes st	While Nat while at work Nat while with work Nat while work Nat work N											
22b SIGNATURE	China China	1137/1	Musel	DEC	,	ا لـا	MED DIRECTOR	ا لـا ۶	TAFF CT		5-10-	
22d. PHYSICHAN'S NAME (Type)	Anth	ony J. Yo	oung, M.D.		22e. Al	•	Liz	ore	e Stat Maryl	and	spita 21228	
23g BURIAL, CREMATIO		DATE	23c. NAME OF		R CREMATORY				(City or Town	,	(County)	(Stote)

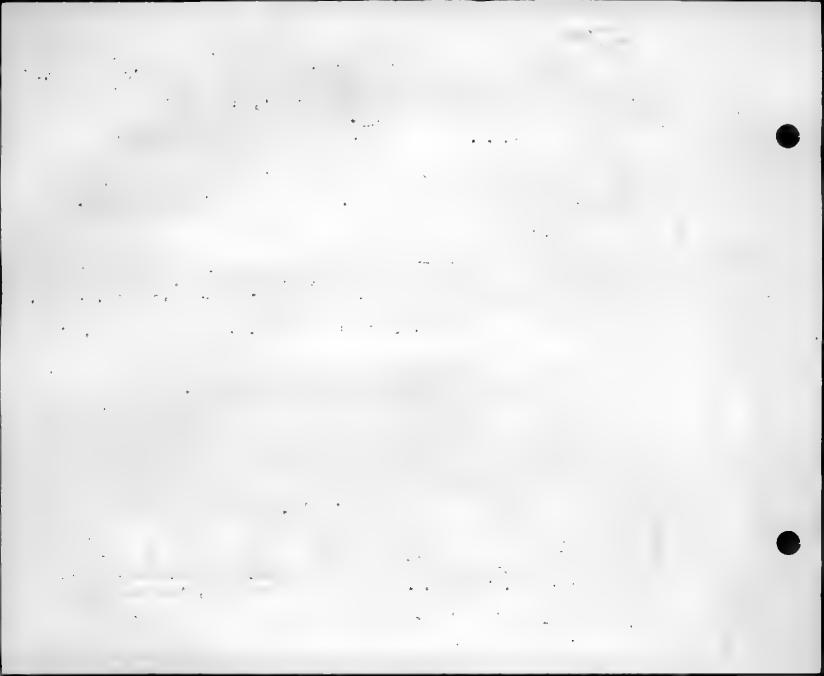
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death directar, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon plus should be filed with the State Dept. of Health prior to burial, cremotion, or removol, ond in any event, within OFUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon presents the content of th Page 4 may be retained by the hospital or attending physicion.

BURTAL" 5-13-1968 Western C 24. FUNERAL DIRECTOR Howard H, Hubbard, 4107 Wilkens Ave.

25o. REC'D BY REGISTRAR DATE

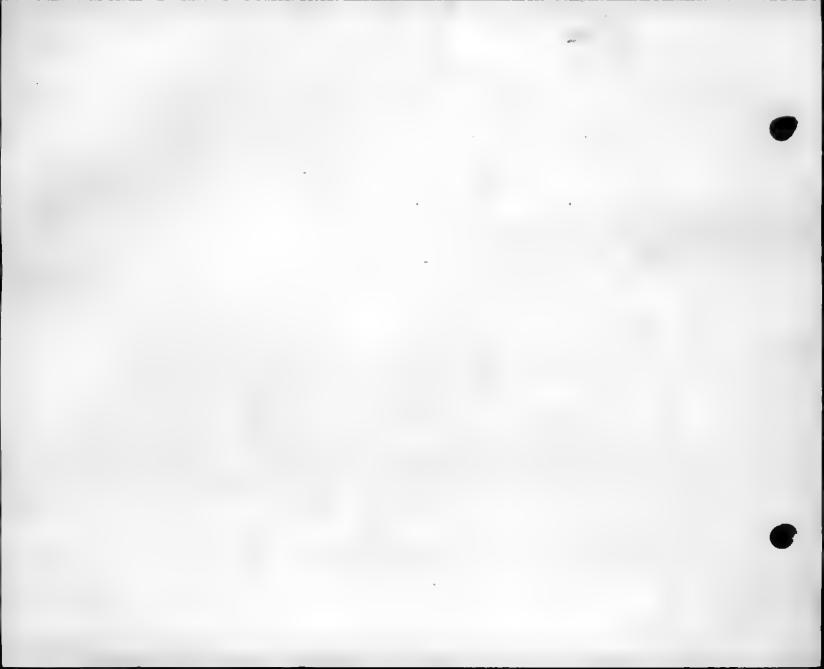
Maryland Baltimore,

256 REGISTRAR S SIGNATUR 1968 Action





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	01.7	ŀ	n n e	CEASED NAME Firs	+	~ Middle	Losi		20. DATE OF DEATH		26 HOUR
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ter	the fun	-)[3. SE	(4. RACE			OF BIRTH	6. AGE (In)		ER I YEAR OF UNDER 24 HRS.
	£ 200	/1	1	Cemale	white	9	M	ay 16, 18	397 Past birthd	YRS.	MATS TROOKS MITE
t don't	ers. By		70. B caun	IRTHPLACE (Stote or foreign Iry) Penna.	75 CITIZEN OF W		B. MARRIED NEVE	R MARRIED DIVORCED	9. COUNTY OF DEATH Baltimore		N
the death certificate be executed within 24-travis	icion and completely filled in by lease remave corbon popers. and in any event, within 72 hou	,		ry or town of DEATH Catons ville	11. N give S	AME OF HOSPITAL OR IN street address) RIVG GROV	STATE HO	SP during m	AL OCCUPATION (Kind of wo ost of working life, even if i DUSEWIT	rk dane 12b retired.) IND	KIND OF BUSINESS OR DUSTRY
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ote h	ottending physicion sermit. Then please on, or removal, and I	ŀ		WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY		TV	A	iddress.	
Ě	a h		Y	es, na, or unknown) (If yes give	wer or dates of service)	175-18-71	35-T Reco	rds: SPRI	NG GROVE STA	TE HOSP	
e e	ding phys Then premoval,	ı		1B CAUSE OF DEATH (Enter of	on y one couse per li	ne for (a), (b), and (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the state of the s	mit.			PART I. DEATH WAS CALS	SED BY DIATE CAUSE (a)	Cordia	· Ano	1.			
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quir	signed buriol-tr buriol, c			PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBL		OT RELATED TO THE TE	RMINAL DISEASE ORI	CONDITION GIVEN IN PART 1(0)	-
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4: The low re	has been se as the h prior to	1	CERTIFICATION	190 DATE OF OPERATION 198	b. CONDITION FOR WI	IICH OPERATION WAS PE	RFORMED 200.	AUTOPSY?	20b IF YES, WERE F	INDINGS CONSIDE	RED IN CERTIFYING
The	use har		RTIE					ES NO 🗗			
			7	21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF OR		F INJURY Month Day Yeor	2)c HOW INJU	RY OCCURRED (Ente	e nature of injury in Port 1 c	ir Port 2, Item 18	B.)
Z ig	of f		MEDICAL	(If either, notify medical exam	niner) P.M.	1					
OR ATTENDING PHYSICIAN: be retained by the hospital or	this certi detached e Dept. of		W	While Not while of work		(AT HOME FARM, STREET, FA OFFICE BUILDING, ETC.				Coni	
ATTENDING	After to be de le State			220. I certify that (4) (1 saw the deceased	this hospital) att	ended the deceos	9ि <u>८</u> €्रि. ond thot i	y 30 19 19 19 19 19 19 19 19 19 19 19 19 19	inion death occurred or	7, 19 <u>68</u> n the dote an	, that (I) (yes) lo id hour and from th
in in	5 8 E			couses stoted obov	ve, (I) (We) (did)	(MICHOI) view the	body ofter deoth.			22c. DATE SI	ICHED
OR A	FUNERAL DIRECTOR: A director, page 3 should should be filed with the			Marger	1 Ju	du +	A DEGREE PH	YS \square	AED. STAFF DIRECTOR PHYS J	8 5%	7/68
TO HOSPITAL	O FUNERAL director, pages	1		22d. PHYSICIAN S NAME (Type) Ro	bert Fish	ner, M.D.	220		ING GROVE STA		
105	Sign of the Care	1	23o	BURNAL, CREMATION/ 23b	DATE	23c, NAME OF	CEMETERY OR CREMAT		23d LOCATION (Lity or To		unty)/ (Stote)
0	5 g g	7		BURNAL CREMATION 23b		968 new	Catherel	0	Old Trol	ucly Roa	of Bull my
	VR A15	1	24	FUNERAL DIRECTOR	1/	ADDRESS		250 RECD	Y REGISTRAR 25b. RE	GISTRAR'S SIGNA	TORE
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-1		44000			,	EKIIFI	CAIL UF	DEATH					
- [CEASED-NAME	First		Middle		Last		2a. DATE OF				2b. HOUR
ı	T)	ype ar print)	Mary		Louise		Rieck		May	Manth	3194	1 P Gear	9:30%
ı	3. SE	X		4. RACE			5. DATE OF E	BIRTH		6. AGE (In ye	ars	IF UNDER 1 YEAR	IF UNDER 24 HRS.
- 1		Female		b	Jhite		Febru	Jary 6,	1882	last birthday	YRS.	MONTHS DAYS	HOURS MIN.
- 1	7a. B	BIRTHPLACE (State or	fareign 7	b. CITIZEN OF W	HAT COUNTRY?	B. MARRIEI	D NEVER MA	RRIED	9. COUNTY OF	DEATH			
- 1	caun	"" ^{y)} Balti	more	U.S.	.A.	WIDOWE		RCED 🗍	Balti	imore			Md
	10 C	Baltimo		II N grye	AME OF HOSPITAL OR INS street address) LUSDUIG LU		nat in haspital an Home	ducing m	AL OCCUPATION			126 KIND OF INDUSTRY	BUSINESS OR
ر م	13a. admi	USUAL RESIDENCE (V	Vhere decease	lived, if institu	tran Residence before	13c, CITY C	or town ston	YES NO	UMITS? 13a. ST	REET AND NUM	BER		
人		ATHER'S NAME Frederic	First K W.	Middle Kach	Lost			MAIDEN NAME P	inst Fsomme:		ddle		Last
	16a. Y	WAS DECEASED EVE (es., np., ar unknawn)	R IN U.S. ARME (If yes give war	D FORCES? or dates of service)	166. SOCIAL SECURITY N 217-48-61		. INFORMANT 1 Pau	ıl A. H	Hauer,		dress		
		PART I DEATH	WAS CAUSED IMMEDIAT	BY: E CAUSE (a)	occupant of the second of the	Vas	cular Perote	Hem i Hea	onha	Jerin		APPROXI BETWEEN O	MATE INTERVAL ONSET AND DEATH
		stating the underlying cause (a), but TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN											
J.	CERTIFICATION	19a DATE OF OPERA			HICH OPERATION WAS PE		20a. AUT YES] NO E	CAUSE	S OF DEATH?		ONSIDERED IN C	ERTIFYING
	MEDICAL CE	21a. ACCIDENT WA OR CONTR BUTING ((If either, natify m	CAUSE OF DEATH	HOUR A.M. P.M.	Manth Day Year		HOW INJURY O	CCURRED (Ente	r nature af inju	iry in Part 1 ar	Part 2,	Item 18.)	
	W	21d. INJURY OCCUP While Not whi at work of work	10	LACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	TORY,) 21f.	LOCATION Stri	eet or R.F.D. No	, _ 0	ar Tawn		Caunty	State
		saw the d	leceased ali	ve on The	ended the decease (did not) view the	962Ca	fad thát in ír	, 19 <u>-6</u> n y) (683) a pi	クフ , to / inian death (accurred on	the da	ite and haur	t (I) (w e) last and from the
		22b. SIGNATURE	l L.	Cha	mbers	h Pas		ع علظر	MED. DIRECTOR	STAFF PHYS.	22c.	DATE SIGNED	165
1		22d. PHYSICIAN'S NAME (Type)	Ear/	L. Ch.	ambers	- m		DRESS L	buty A	4. B.	to	my	
)		BURIAL, CREMAT ON REMOVAL (Specify)	n l	ATE ne 2, 19	23c NAME OF Junio		er Cem	etery	Pı	ON (City or Taw	Mar	(County)	(State)
	24	FUNERAL DIRECTOR	17/2	0	ADDRESS	- 1/	195	25a. REC'D E	BY REGISTRAR	25b REG	PARTE	SIGNATURE O	udgla

omerel ond 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours-after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coppletely filled in by matemated director, page 3 should be detached for use as the burial-transit permit. Then please remove capon papers. Rages and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

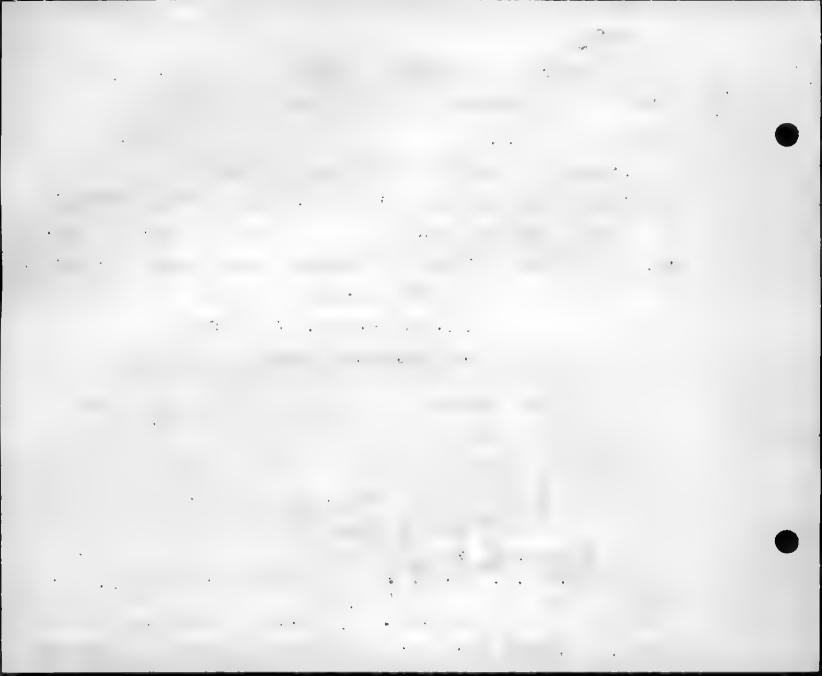


CERTIFICATE OF DEATH

		ring.															
1. DECEASED NAME (Type or print)		First		Middle		Lost		2o. DATE	OF DEATH		2b. I						
(1	ype or print)	JOSE	SPH	COOLEY		RIMME	R	1	Month MAY	3I	. 19	68		М			
3 SE	X	•	4 RACE			S. DATE OF	BIRTH	-	6. AGE (In yeo		IF JNDER 1	YEAR	IF UNDER				
	ALE		CAUCAS	SIAN		3 3			lost birthdoy) 69	YRS.	CHTHON	DAYS	HOURS	MIN.			
76. E	BIRTHPLACE (Stote or	foreign	75 CITIZEN OF WH	AT COUNTRY?	8 MARRI	IED 🔲 NEVER MA	ARRIED 🔀	9. COUNTY	OF DEATH								
M.	ARYLAND		U.S.A		WIDOWED DIVORCED BALTIMOR								E Md				
	ORT HOWAR	_	11. NA give s	ME OF HOSPITAL OR IN: treet oddress) HO FERANS AD	SPIT SPIT	(it not in hospital AL STRATIO	120 USUAL during mo	L OCCUPATI	ON (Kind of work ing life even if reti AN	done (red.)	12b KII 1NDUS		USINESS	OR			
130	USUAL RESIDENCE (W		ad lived of measure	n. Danidania hafair			13d. INSIDE CTY LIM		STREET AND NUMB		-						
MY.	TRYLAND		13b. COUNTY	LBOT	TILG	HMAN I	S YES NO		rilghman	ISI	LAND	, N	ID _				
14. F	FATHER'S NAME	First	Middle	Lost		15. MOTHER S	MAIDEN NAME FIR	rst	Mid	dle			Lost				
	OWE	N	GOODWIN	RIMMER	•		AME	LIA	FRAN	CIS		N	BBL	ET			
160	WAS DECEASED EVER		AED FORCES?	16b. SOCIAL SECURITY		17 INFORMANT			Add								
YI	(es, no, or unknown) ES	W		UNKN.		CLINIC	AL RECO	RDS,	VA HOSP	, F							
	18. CAUSE OF DEA PART I, DEATH	TH (Enter on	ly one couse per lin	e for (o), (b), ond (c)	PAT. L	IEMOBBU	CE						ATE INTERS				
	11.1		ATE CAUSE (o)	I TIMO E LUBE	I WILLIAM		Cotta				-						
	Conditions, if ony	which gove)		S A CONSEQUENCE OF MYCCARDIA	L INE	FARCTION	OLD A	ND RE	CENT								
	rise to immediate cause (a), (b) Storing the underlying cause (DUE TO, OR AS A CONSEQUENCE OF										+-						
	lost. (c) ARTERIOSCIEROSIS, SEVERE																
	PART 2. OTHER SIG	NIFICANT CO		ING TO DEATH BUT N	OT RELATE	D TO THE TERMIN	IAL DISEASE ORCO	ONDITION G	GIVEN IN PART 1(0)								
z	3-7 11																
CERTIFICATION	190. DATE OF OPERAT	19b.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	2Do AU YES	_	20b CAL). IF YES, WERE FIND USES OF DEATHERS	INGS CO	NSIDERED	IN CE	RTIFYING	5			
ERT	21o. ACCIDENT WA	LINDERIVIA	IG 21b, TIME OF	INHIDV	21/	_		nature of i	injury in Port 1 or F	Opt 2 III	om 18 h						
	OR CONTRIBUTING	CAUSE OF DEAT	TH HOUR A.M.	Month Doy Year		c, non mont c	ACORNED (EITIGE	noible of	siling ill rott i or i	OII Z, II	em oj						
MEDICAL	(If either, notify mi 21d. INJURY OCCUR	edicol exomi	ner) P.M.	AT HOME, FARM, STREET, FA		L LOCATION CA	DCD No.		CAT.		Carreti			tote			
	While Not while	° 🔲 216.	PLACE OF INJUNT	OFFICE BUILDING, ETC.	CIGK1.) 21	T, LUCATION ST	eet of K.F.D. No.		City or Town		County		3	1016			
	22a. I certify t	hotXI) (th	is haspital) otte	nded the deceos	ed from	5/13/	68_, 19_	, ta_	5/31/68	_, 19_		that	(K(w	e) lost			
١.	saw the d	eceased a ted above	live on 5 / e, XO X(we) (did) (31 /68 I hey they	19, body aft	and that in () ter <u>death</u> .	域域 (our) opin	nion deat	th occurred on t	he dat	e and h	nour c	nd fro	m the			
	22b. SIGNATURE	Lha	Mod	Kit	11	DEGREE PHYS		ED. RECTOR C	STAFF TO PHYS.		ATE SIGN						
	22d. PHYSICIAN S NAME (Type)	AHME	D.C. K. K	UTTY. M.	м_	22e. Al	DDRESS						4 3 2 2				
_							HOSPIT		FORT HOW		, MA	KYL	ANL)			
230	BURIAL, CREMATION REMOVAL (Specify)	, 23b	DATE /3/196	8 Holis	CEMETERY	OR CREMATORY	eter	23d. 100	ATION City or Town) 141.	(County	C .	(Stote)			
24	FUNERAL DIRECTOR	יע ו	11 41	C-ADDRESS	1	mil	2So. REC BY		7 1 1					,			
10	I amarch !	D. I FCP	MINIMIN	A VONO	DAO	- The	. DATE JU	N 4	49\$8 W	صار	res	7.44	11				

the funeral ages 1 and 2 after death. aurs after deoth. Dape **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon page should be filed with the State Dept. of Heolth prior to burial, cremation, or remayol, and in ony event, within 7 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the heath certificate be executed within Page 4 may be retained by the hospital or ottending physician.

30M REV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3679z CERTIFICATE OF DEATH Lost 1. DECEASED-NAME First Middle 2o. DATE OF DEATH (Type or print) JOHN WILLIAM RINGSDORF 68 signed by the "thending pllysic" and completely filled in by the burial-transit permit. Then please remave carban papers. Pages 1 burial, cremation, ar removal, and in any event, within 72 haurs after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) 82 SHTIBOM Male Caucasian Parch 30.1 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🗍 NEVER MARRIED country) WIDOWED X Baltimore DIVORCED [| 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)
| Greater Balto. Med. Center 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **JNDUSTRY** Towson 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before law city, OR TOWN (odmission) STATE (1) 13b. COUNTY Salto (1) Lutaervii 13e STREET AND NUMBER 122 Ridgefield Rd. 13d INSIDE CITY LIM TS? odmission) STATE Lutherville NO 📉 YES [IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Lavina Snuder Charles P. Rin sdon' 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Wolferman - 122 Ridgefield Rd. Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) __Carcinomatosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Adenocarcinoma of cecum rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES X NO [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 5/14, 19.68, ta 5/28, 19.68, that (I) (we) last saw the deceased attive on 5/28, 19.68 and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above; (I) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 5/28/68 DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Rudiger Breitenecker, M. D. Greater Baltimore Medical Center NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

Miller Inc-6415 Belair Road-21206

Woodlawn Cometamy

23d. LOCATION (City or Town)

2So. REC'D BY REGISTRAR

Raltimare ild

R 1968 REGISTRAR'S SIGNATURE

2b. HOUR

IF UNDER 24 HRS.

State

(Stote)

(County)

HOURS

PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has Been adjrector, page 3 shauld be detached far use as the Ashauld be filed with the State Dept. of Health priar tall. 30M REV. 1/68

23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

REMOVAL (Specify)

23b DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME Middle First (Type ar print) Month Starr May Robins S. DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS. 3. SEX 4. RACE IF UNDER 1 YEAR last birthday) Female White May 13. 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED physician and campletely filled in Baltimore DIVORCED [7] Maryland U.S.A. WIDOWED 87 within 72 12a USUAL OCCUPATION (Kind of work done O. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during most of working life, even if retired) INDUSTRY please remave carban Randallstown Nursing 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES ... NO 🗆 Haltimore 3013 Chatham 14. FATHER'S NAME 15. MOTHER S MAIDEN NAME First Middle Annie Hinds Starr Harry 160. WAS DECEASED EVER IN D.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Orleans, Mass (If yes give war or dates of service) Yes, not er unknown) burial-transit permit. Then pl burial, crematian, ar remaval, Reginald S. Robins. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) nse ta immediate cause (a), signed by t DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been etached far use as the Dept. of Health priar ta 1000 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES T NO Z 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark TENDING 22a. I certify that (I) (this hospital) attended the deceased from Nov., 1965-ta-28 May 1968, that (I) (we) last saw the acceased a ive an 23 may 1968, and that in (my) (own opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stated above, (1) (vee) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) ROYSE 1403 FOLEY LANE PIKESVILLE MO 21208 shauld 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (State) IREMOVAL (Spel fy) Greenmount Cemetery Baltimore DATE MAY 3 1 Ridewood Ave. 25b REGISTRAR'S SIGNATURE altimore, Ed. 21215 DATE

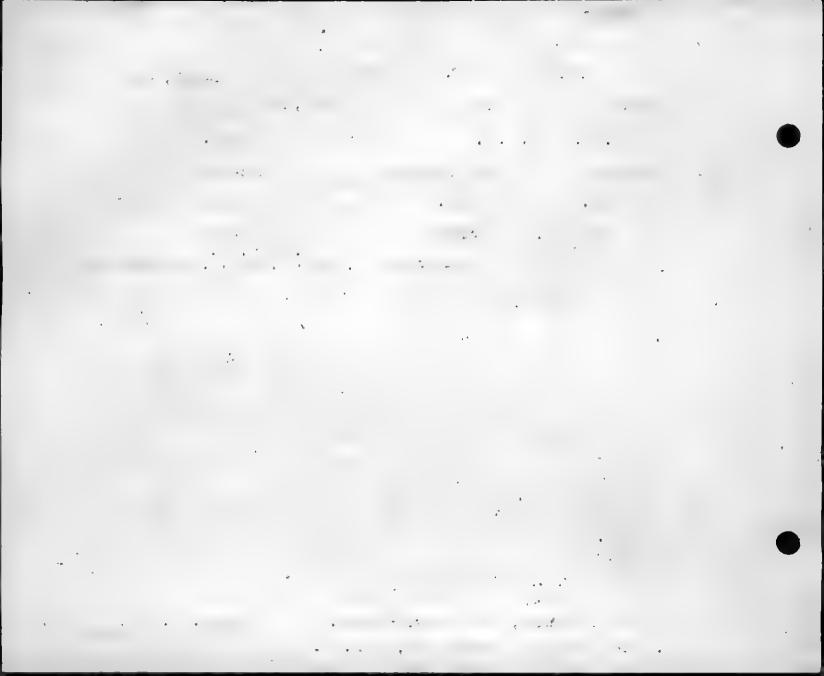


director, page 3 should should be filed with the

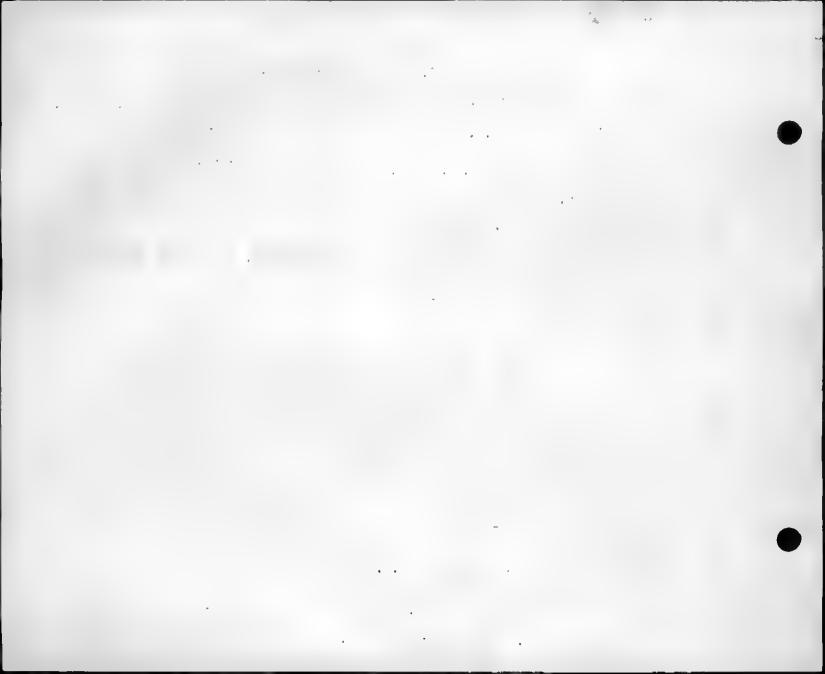
30M REV

MARYLAND STATE DEPARTMENT OF HEALTH

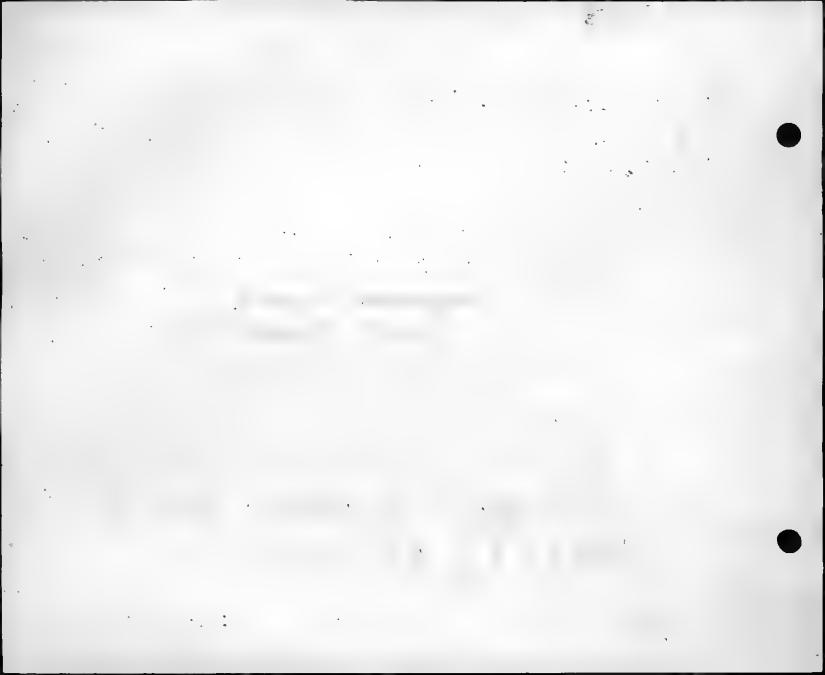
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 film G401 6/10/6CERTHFICATE OF DEATH Item 2a & 22A. M'ddle 1 DECEASED-NAME First Last 20 DATE OF DEATH 2b. HOUR (Type or pnnt) Year E. Rush Annie 3 SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR OF TIMBER 24 NRS last birthday) MONTHS DAYS HOURS Whi te May 8, 1887 Female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED | NEVER MARRIED | Balto. Md. Balto. U. S. A. WIDOWED T DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 3113 Aspen Court during most of working life, even if retired) INDUSTRY Lansdowne 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY admissian) STATE 3113 Aspen Court YES [Balto. IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last First Last Margaret Stevens John G. Eberling 17 INFORMANT Lansdowne, Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, na, ar unknawn) (If yes give war or dates of service) Mr. George F. Rush Jr. 3113 Aspen Court 220-56-1538 1B. CAUSE OF DEATH (Enter only one cause per line fgr, (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CPYC CVE 4 days IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate cause (a) DUE TO, OR AS A CONSPQUENCE. stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES. NQ 🗌 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 1B.) OR CONTRIBUTING CARSE OF DEATH HOUR A.M. (If either, natify medical, examiner) 21d INJURY OCCURRED (AT NOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. Mo-21e. PLACE OF INJURY City or Town Caunty State While Hot while of work 220. I certify that (I) (this bospital) attended the deceased from \$ -22-, 1962, to 5-36-, 1968, that (I) (we) lost sow the deceased alive on \$ 30-1968 and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS F/01/921 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 230 BURIAL, CREMATION Burial (Specify) Loudon Park Cem. Balto. Md. June 3. 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR Truman Schwab 3512 Frederick Ave. Balto. Md. DATE



71	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
FOR STATE	Item# a . Film#Ghol MEDICABLEXAMINER'S CERTIFICATE OF DEATH	33									
HEALTH DEPT.	DECEASED-NAME First Middle Lost 20 DATE KNOWN XT Month Day Year	2b HOUR									
5 0 8 2 1	WILLIAM R. SANK Sr. DEATH MATED May 15 19 6	58 M									
And 3 to Pina 3 to Pina. Page	SEX 4 RACE 5 DATE OF BIRTH 6. AGE (in years 16 LMDER 14 HBS 20 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MUN MONTHS DOWN 5 Year 16 SE	2d HOUR									
Any d	183	9:25 _n									
-\E 10	70 BIRTHPLACE (Stote or foreign country) Baltimore U. S.A. B MARRIED NEVER MARRIED 9 COUNTY OF DEATH BALTIMORE										
r deoth ve Page g with the Stal	CITY OR TOWN OF DEATH Baltimore II NAME OF MOSPITAL OR INSTITUTION (If not in hospital Baltimore Or. James G. Saffell(office) II NAME OF MOSPITAL OR INSTITUTION (If not in hospital during ment of walking lifeteese if retired) INDEXITY - ME										
hours after de Item 18. Give P Office olong wi Iand 2 with the	o USUA. RESIDENCE (Where deceosed lived if institution Residence before 13c. CITY OR TOWN odm ssion) STATE Md. 13b COUNTY Baltimore YES NO 7425 Berkshire Road										
24 hou n Item is Office is Office is office is office is offer is	FATHER S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Dilley	st ?									
EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the word 'pending" in pencil in Item 18. Give Pages or Page 4 should be farwarded to the Chief Medical Examiner's Office olong with to 1 far your files. TOR: Page 3 should be used as a burial transit permit file pages land 2 with the Statement, cremation, or removat, and in any event within 72 hours after death.	G. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, n No unknown) [14 yes give wor or dates of service) 16b SOCIAL SECURITY NO. 215-05-8476 Nrs. Dorothy M. Sann 7425 Berkshire Re	pad									
should be executed wit s word 'pending'' in pe i the Chief Medical Exan urial transit p#rmit File in ony event within 72	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH									
xecuted adding if it is within	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease										
e ex pend ef M est p	Conditions, if ony, which gove)										
should be e ne word 'per to the Chief I burial fransit I in ony even	rise to immediate couse (a), (b). Storing the underlying couse (DUE TO, OR AS A CONSEQUENCE OF										
shou the the urial in oi	lost.										
TY DICAL EXAMINER: This certificate sy, please execute the certificate, writing the stal director Page 4 should be farwarded to be retained far your files. AL DIRECTOR: Page 3 should be use as a brior to buriol, cremation, or remayat, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)										
writi war sell	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPS	įγ?									
his conte, the fair of the fai	WAS PERFORMED? YES S	NO 🗆									
INER: This certile certile certificate, writshould be farwar files. 3 should be use!!	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 216 TIME OF INIJRY Month, Doy, Year HOUR A.M. P.M. 19 21d INJURY OCCURRED 12 in Place OF Allyey (4) home form street 211 IOCATION Street or R.F.D. No. (1) or Port 2, Item 18.)										
se execute the certical Page 4 should ned far your files. ECTOR: Page 3 should buried, cremation,	the state of the s	State									
XAN Jute 1 ge 4 your Your Page	AT WORK AT WORK										
AL E		ny opinion									
sse ector	death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner										
please I directi retaine	ACTUAL SIGNATURE M.D. ASS STANT MEDICAL EXAMINER 22b. DATE SIGNED										
ary, nera r be	SIGNATURE ASS STANT MEDICAL EXAMINER X 228 DATE SIGNED EXAMINER'S Charles S. Springate M.D. DEPUTY MEDICAL EXAM NER ASS STANT MEDICAL EXAM NER X 228 DATE SIGNED May 16, 19	168									
necessary, please execute the tree funeral director. Page 4 5 may be retained far your to FUNIRAL DIRECTOR: Page Health prior to buriol, crem	NAME (Type) ADDRESS(Street, city, town, or county)										
TO DEPU necessar the fune 5 may b TO FUNIR	Burial 5-18-1968 23c Name OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Burial 5-18-1968 Sacred Heart Baltimore, Maryland	State)									
U'	Lilly & Zeiler Inc. 1901-07 Eastern Ave.	Ł									
VR A15ME (5) 10M REV 1/68	Lilly & Zeiler Inc. 1901-07 Eastern Ave.										



1	MARYLAND STATE DEPARTMENT OF HEALTH	
Ti.	tem #13c & e Film #9400 5/21/06 CENTIFICATE OF PRATH	
	tem #13c & e Film #6400 5/21/08 CERTIFICATE OF DEATH	w · 3 4:
€ 1. DEC	CEASED-NAME First - Middle Lost 20. DATE OF DEATH	2b. HOUR
anter leaf	(pe or print) Amelea C Schook Mary 10	19/12/12/
3 SEX	4 RACE 7010 S. DATE OF BIRTH 84 6 AGE In years AFE	INDER YEAR IF UNDER 24 HRS.
s and a sept of the sept of th	Temale Tehete 5-10- lost birthdoy) YRS. 3	10 12 5
로 도달를 counti	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH. WIDOWED DIVORCED SOLUTIONS	County "
within 24 ho leafy filled in the control papers. within 72 ho	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 1	12b. KIND OF BUSINESS OR INDUSTRY
	ere, while Homos & machical auras	HOUSIKI
we collection of the collectio	JSUAL RESIDENCE (Where decosed lived, if institution Residence before sion) TAC 136 NSIDE CTY . IM. 139 136. STREET AND NUMBER 136. STREET AND NUMBER 136. STREET AND NUMBER 137 Haverhil	Ll Rd.
a you have have have have have have have have	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
an on reference be	alfore Telland Calkerine	empach
	WAS DECEASED EVER IN U.S. ARMED FORCES? 25, no, or unknown) (Hyes give war or dates of service) 216-34-3438 Frances Ms. Streethers 615 6	hostmet an
ರ್ಷ= ೯ 1	IB CAUSE OF DEATN (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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on, o	DIE TO OR AS A CONSEQUENCE OF	
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YSICIAN: ospital or certificate hed for u ot Healt	OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19	
PHYSICIAN: e hospital or his certificate stacked for u Dept. of Heal	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. (ity or Town)	ounty State
	While Not while of work Office Building, Etc.	
DING H by 1 Stoth	220, I certify that (I) (this haspital) attended the deceased from Musical, 1958, to May 9, 1968 saw the deceased alive an 1968, and that in (my) (apr) apinion death accorded in the date of	that (I) (ves) la
OR ATTENDING be retained by th DIRECTOR: After t is 3 should be d ed with the State	causes stated abave, (I) (wh) (diff (giff not) view the bady after death.	ing ngar ana itani in
R ATI retaii 3 sho with	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE	SIGNED
y be r y be r L DIRE riled w	Melle Rect 2. Degree PHYS. DIRECTOR LI PHYS.	
E 2 5 1 8	22d. PHYSICIAN S NAME (Type) 22e. ADDRESS	
D HOSPI Page 4 m S FUNER director, should b	BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	Tourshill (Factor)
Show of the state	PENOVAL (Consider	County) (Stote)
24 FI	FUNERAL DIRECTOR ADDRESS 2So., REC'D BY REGISTRAR 2Sb., REGISTRAR'S SIG	NATURE JS
VP A16 (A):	m. Cook Brooks West Inc Balt. Md. 21228 DATE MAY 1 5 1968 Files	les fuedes
<u> </u>	Brooks w	



		10.00			CERTII	FICATE OF	DEATH						J	4
	CEASED NAME	First		Middle		Last		2o. D	DATE OF DEAT				2b	HOUR
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3. SE	Х		4. RACE			S. DATE OF E	IRTH		6. A	GE (In years		DERIVER IF UND B. KIND OF BUSINE B. KIND OF BUSINE IDUSTRY LOS INDIA LOS	IF UNDER	
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coun	Wiltimor	e,lii.	J.S.	A.			RCED 🔲	28	111110	re				Md.
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160.	WAS DECEASED EV	ER IN U.S. ARI	MED FORCES?	16b. SOCIAL SECURIT		17. INFORMANT				Address				5.140
Y	es, se, ar unknawn) (It yes give v	war or dates of service)	None		Mr.Juli	us F. S	Scha	rtall					,
	18. CAUSE OF DI	EATH (Enter or	nly one couse per	line for (a), (b), and	(c)).		,					APPROX	MATE INTER	
	PART I DEAT	TH WAS CAUSE	D BY: ATE CAUSE (o)	ma	1 -2	ancy o	of bro	air	۸.,					
	171)	(DUE TO. OR	AS A CONSEQUENCE	A	0	/							
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ET.						YES] ко 🗹		CAUSES OF I	JEAITH				
	21o ACCIDENT W ☐ OR CONTRIBUTING					c. HOW INJURY OF	CURRED (Enter	nature	af injury in	Part 1 or Port	2, Item 1	8.)		
MEDICAL	(If either, notify i	medical exami	iner) P.M		19									
	21d. INJURY OCCI While Not wi of work of wa	URRED 21e.	PLACE OF INJURY	(AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY) 21	f. LOCATION Stre	et or R.F.D. Na.		City or To) Wn	Cou	infy	:	Stote
	22a. 1 certify	that (I) (th	is-hespital) at	tended the dece	ased from		, 19_6	0.	to me	4/.	965	_ , thot	(I) (w	e) last
ш	saw the	deceased o	live an	1 may	1968,	and that in (n	ıy) (sur) apıı	nion d	eath occur	ted on the	dote on	d hour	ond fro	m the
		tated abav	e, (I) (Awe) (did) (did not) view th	ne bady at	ter death.				1.00	0.477.0	- AND		
Н	22b. SIGNATURE	Pane	1. HRO	m sagn	D	DEGREE PHYS.	NG DI	IED. Irector	STA PH	IFF m			68	
	22d. PHYS!CIAN'S NAME (Type)	Paul	H Roy	50		22e, AD	oress 3 fole	4 _	2718	Pike.	5016	lle	ma	1
23 o.	BURIAL, CREMATIC REMOVAL (Specify		DATE Ly 3,196			or crematory Genne ber	· V			ty or Town) Ls town	,	unty) Llio.	(State	
24.	FUNERAL DIRECTOR	A PC.	· ·	ADDRI			2So. REC'D B						- 10.0	-

DATE RAAY

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers, Ragis should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 7 thaurs of VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Teath

Page 4 may be retained by the haspital ar attending physician.

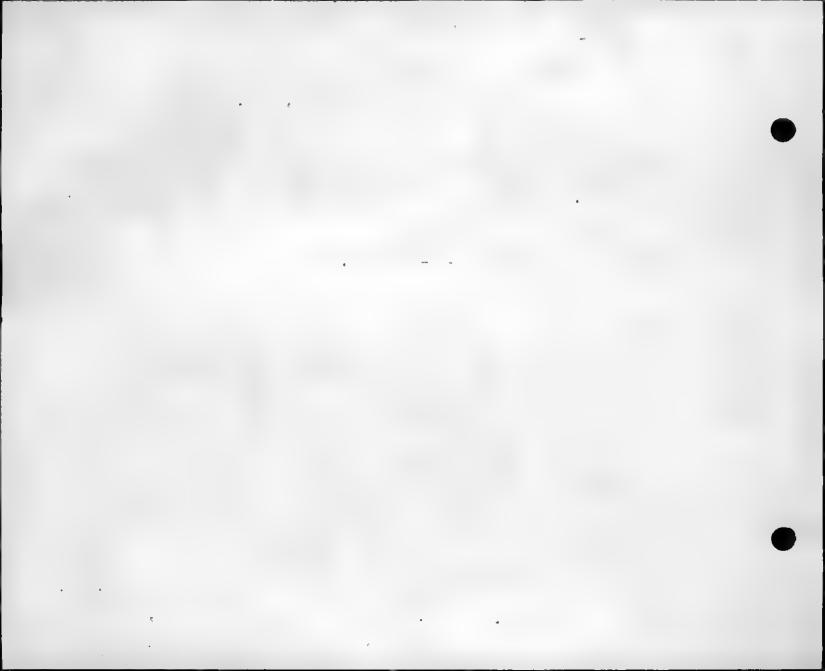
haurs after death

Pages



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type gy parjot) **ESTHER** SCHECK Mav 3. SEX S. DATE OF BIRTH 4 RACE 6. AGE (In years #F LINIDER 1 YEAR IF LINDER 24 HRS last bighaoy) HOURS the attending physician and campletely filled in by the ssit permit. Then please remave carban papers. Paged ssit permit. Then please remave tarban papers. April 2, 1893. White Female 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED | NEVER MARRIED 9. COUNTY OF DEATH country) New Jersey TISA Baltimore WIDOWED TX DIVORCED | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Armacost during mast of working life, even if retired.) INDUSTRY Balto Nursing Home 13c CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admissian) STATE 13b COUNTY Raltimere Md. NO I 4303 Glenmere Avenue YEXTX 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Riley High McMenamy Marv Jane 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no or unknown) [If yes give war or dates of service] 220-18-0552 (Same) Mrs. Frances Stengle APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line-for (a), (b), gad (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** YES [NO [7] 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify med col examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. City or Town State County While Not while of work 22a. I certify that (1) (this traspital) attended the deceased from 4 certify that (1) (this traspital) attended the deceased from 19 and that in (n and that in (my) (aug) apinion death accurred on the date and have and from the be retained causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURES 22c. DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE DIRECTOR PHYS. PHYS. 22e, ADDRESS 22d PHYS CIAN'S NAME (Type) 4331 Harford Rd., Balto. Md. Walter Karfgin 23d. LOCAT ON (City or Town) (County)

Butler, New Jersey 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 23a BURIAL, CREMATION (Stote) FREMOWALISpecify) Mt. Calvary Cemetery ADDRESS 25b , REGISTRAR'S SIGNATUR VR A15 (4) Ruck Inc. 5305 Harford Rd. 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR PER LITE /		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7/3
FORSTATE		MIEDICAL EXAMINER 3 CERTIFICATE OF DEATH	47 1
HEAVIER DEPT.		PLACE OF DEATH O COUNTY BALTIMOSE MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before state of STATE STA	fore odmission)
2, and 3 PM3 Pd pm3 Pd		b CTY OR TOWN (If outside corporate mits, write RURAL and give nearest town) C LENGTH OF STAY N Ib C CITY OR TOWN (If outside corporate mits write RURAL and give nearest town) Baltimore Baltimore	est fown)
		d DAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 8017 hor heraver, Blevel 8217 hor by 1600. Blevel	e IS RESIDEN ON A FARI
oth age th f	1	NAME OF DECEASED (Type or prof) Anno 18 14 Back Y Scheck DEATH MAY 6	y Year
hin 24 haurs offer de ncti in item 18 Give F niner's Office along w pages Land 2 with the urs offer death		SEX 6 COLOROR RACE 7 MARR ED NEVER MARRIED B B DATE OF BRTH 9 AGE (In years IF UNDER I VEAR Months Days W DOWED DIVORCED 3-26-08 20st by Inday) Months Days	
4 haurs i frem 18 s Office c land2 v	dur	to USUA, OCCUPATION (Give kind of work done IND KIND OF BUSINESS OR IN BRITHPLACE (State or foreign country) 12 CITIZEN COUNTRY	4.5
n 24 il in ner's iges s ofte		Retired National Plastic Maryland U.S.A FATHERS NAME 14 MOTHERS MADEN NAME	
I within ? In pencil i Examiner File page		Scheck Mamie Zimmerman	
		5 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 17 INFORMANT Address	
mecuted nding" 1 Medical permit within 7	(76	(es, no, or unknown) (If yes give wor or dates of service) No 217-07-9326 Mrs Dolores Kirwan 8726 Cakleigh	Rd.
id be mme rd 'pendl Chief Me fransit pe event wit		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	NTERVAL BÉTWE DNSET AND DEA
wo wo the the unidiany		Conditions, if any, which gove (b) (a resulting Derivate); fine to the mediate cause (a), (b)	ndet.
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Mar dur dur dur dur dur dur dur dur dur du		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER	22 DATE SH
cessary, i cessary, i may be r FUNERAL		EXAMINER'S NAME (Type) JOHN C. HY/P DEPUTY MED CAL EXAMINER Address (Street, city town, or county) \$37130000	5-6-6
	230	BO BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	
5 m = 2 m =	F	REMOVA (Spec fy) Burial Baltimore Baltimore Baltimore	,,

5-6-68

ond л my opлoл

22 DATE SIGNED

e IS RESIDENCE ON A FARM?

Year 19 66

F UNDER 24 HRS

INTERVAL BÉTWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES [

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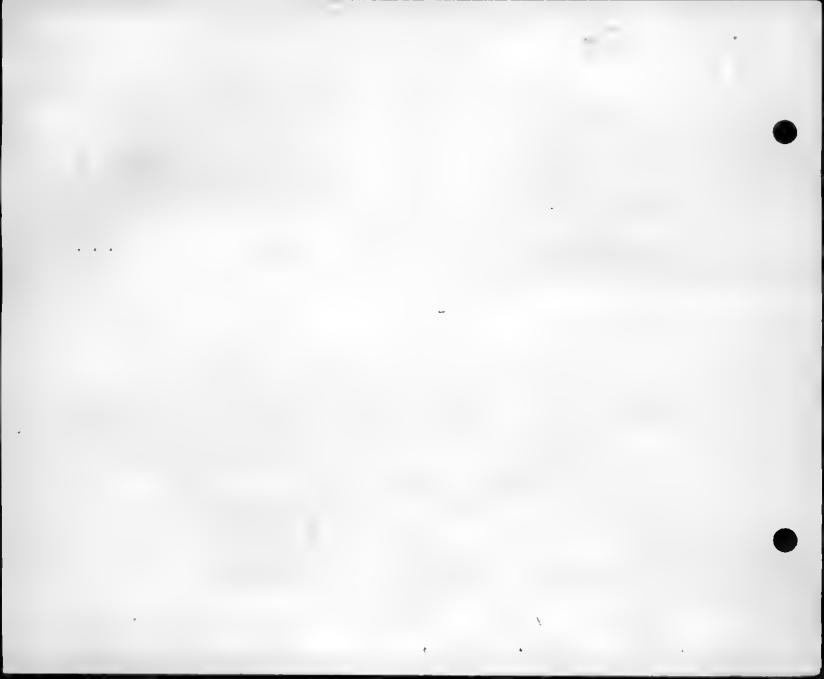
(Stote)

23a BURIA, EREMATION, REMOVA, (Spec fy) Burial 24 FUNERAL DIRECTOR

5/9/68 Baltimore ADDRESS Leenard J Ruck Inc. Baltimore, "aryland

2SO REC D BY REG STRAR

VR A15ME (5) 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11.794 CERTIFICATE OF DEATH J6801 DECEASED NAME First Middle 20 DATE OF DEATH 2b. HOUR (Type or print) MARY ELIZABETH SCHNETDER 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any "vent, within 72 hours affe lost b'rthday) MONTHS DAYS requires that the death certificate be executed within 24 haurs aft WHITE OCTOBER 4. 1898 FEMALE 7c BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED VIRGINIA BALTIMORE. WIDOWED [77] DIVORCED [U.S.A. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress JOSEPH during most of working life, even if retired) TOWSON 21204 130. USUA. RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INGIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YEST BALTIMORE NO [5705 FENWICK AVENUE 21212 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Lost Addison Susan 17. INFORMANT George P. Schneider -570 Fennich i.e. 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. er unknown) (If yes give war or dotes of service) Yes, no, er unknown) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Pulmonary Infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Pulmonary Thrombo-embolism rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) Gastrointestinal hemorrhage due to peptic erosive esophagitis & ulcerative sigmoi has been ŧ 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO 🗔 YES 🔼 O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH Page 4 may be retained by the haspital HOUR A.M. Month Doy Year 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (this hospital) attended the deceased from April 9, 1968, to May 4, 1968, that (we) last saw the deceased alive an May 4, 1968, and that in (my) (SSF) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (SSF) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR May 5, 1968 DEGREE PHYS. 22e, ADDRESS 22d PHYSICIAN S NAME (Type) Reynaldo Orjuela-Gomez, M.D. 7620 York Road, Towson 4, Maryland director, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION REMOVAL (Specify) Coreland Demorial 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Milanles Judge 1968 iller Inc-6+15 Belgin Rd. -21200 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DATE TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within Pshours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	(1010m		CEI	RTIFICA	TE OF DEATH				78 /2
		irst	M'ddle		Lost	20. DATE OF DEATH			2b. HOUR
(Type or print) MARG	ARET	ANN	SE L	BOUR	Manth MAY	Doy 2 7	1968	9:30 PM
3. S	EX	4. RACE			DATE OF BIRTH	6. AGE (In y	ears IF UNI	DER 1 YEAR	IF UNDER 24 HRS.
	F	W	/	1/2	1-21-1905	last birthdo	yrs. Month	IS DAYS	HOURS MIN
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WH	AT COUNTRY? 8.	MARRIED X	NEVER MARRIED 9	COUNTY OF DEATH			
	MARYLAND	U.S.A	L, V	VIDOWED 🔲	DIVORCED 🔲	BALTIMOF	?E		Md.
10.	CITY OR TOWN OF DEATH		ME OF HOSPITAL OR INSTITUTE (Treet, address)	JTION (If nat i	n haspital 12a. USUAL	OCCUPATION (Kind of wor	k done 121	b. KIND OF B Dustry	USINESS OR
	ATONOVILL	= /	642 KIRKY		KU HCU	SEWIFE			
13a. adm	USUAL RESIDENCE (Where demission) STATE	ceased lived, if instituti ק 13b. COUNTY	an: Residence before 113	CITY OR TO	WN' 13d INSIDE CITY LIMIT		ABER	00	
<u></u>	1710		9LTIMORE V	ATC/YS V	The I	1670 / /KI	Wood	KD.	
114	FATHER'S NAME First	M.ddle	lost D = m m a	IS. M	OTHER'S MAIDEN NAME First	l N	liddle		Lost
_	() HAKII		PERRY	13 1150	PALANT		F-1-h	16-HE	KIY_
100	i. WAS DECEASED EVER IN U.S. Yes, na, ar unknawn) (If yes a	giviii war or dates of service)	16b. SOCIAL SECURITY NO.	17 INFO			ddress	to im #2	7.5
	12			ווזיע	Y. G. SE BOUR	SR. 1642K	BKIVE	APPROX.M.	ATE INTERVAL
	1B. CAUSE OF DEATH (Enter PART I DEATH WAS CA					1 1	/ ·	BETWEEN ON	SET AND DEATH
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	stating the underlying cau last.	(c)		omie	evnqishu	e heart year	Cerne!		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT I	RELATED TO TI	IE TERMINAL DISEASE OR COM	IDITION GIVEN IN PART 1(0)		
z	+ +U,								
TE SE	190. DATE OF OPERATION	19b. CONDITION FOR WHI	ICH OPERATION WAS PERFO	RMED	20a. AUTOPSY?	20b. IF YES, WERE FIL	NDINGS CONSID	ERED IN CER	RTIFYING
CERTIFICATION					YES NO	CAUSES OF DEATH?			
	21a. ACCIDENT WAS UNDER		INJURY Manth Day Year	21c HOW	INJURY OCCURRED (Enter n	oture of injury in Port I o	Part 2, Item 1	18.)	
MEDICAL	(If either, notify medical ex-	cominer) P.M.	19						
×	21d. INJURY OCCURRED While Nat while at wark	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTOR) OFFICE BUILDING, ETC.	21f. LOCA	TION Street ar R.F.D. Na.	City or Town	Cou	unty	State
	22g certify that (1)	(this hasnital) atta	anded the decensed	fram	19 (***	to many	7 1964	thot	(I) (wa) last
	22a. I certify that (I) saw the deceased	d olive on	De1 2 7 196	e, ond t	hot in (my) (aur) apini	an deoth occurred an	the dote or	nd hour a	ind from the
	causes stated ob	ove, (I) (we) (did)	(did not) view the boo	ly ofter dec	oth.				
L	22b. SIGNATURE	nley &	nkudaj	DEGREE	ATTENDING MED PHYS DIRE	STAFF D	22c DATE 9	SIGNED PR-6-8	9
	22d. PHYSICIAN'S NAME (Type) S	ANLEY	ANKEDA	-S	22e. ADDRESS	In Clair	· Le 1	3x 07.	21000.
220	BURIAL, CREMATION, 2	P3b. DATE	23c. NAME OF CEM	ETERY OR CD	 	23d. LOCATION (City or Tox	wn) ICa	iunty)	(Stote)
. 230		5-31-196		ATHEN	RAL	BALTIMOR	,	1ARYL	, ,
24	FUNERAL DIRECTOR	,,,,,	ADDRESS	11/1/11/11	2Sq. REC'D BY I		GISTRAR'S SIGNA		13/16/

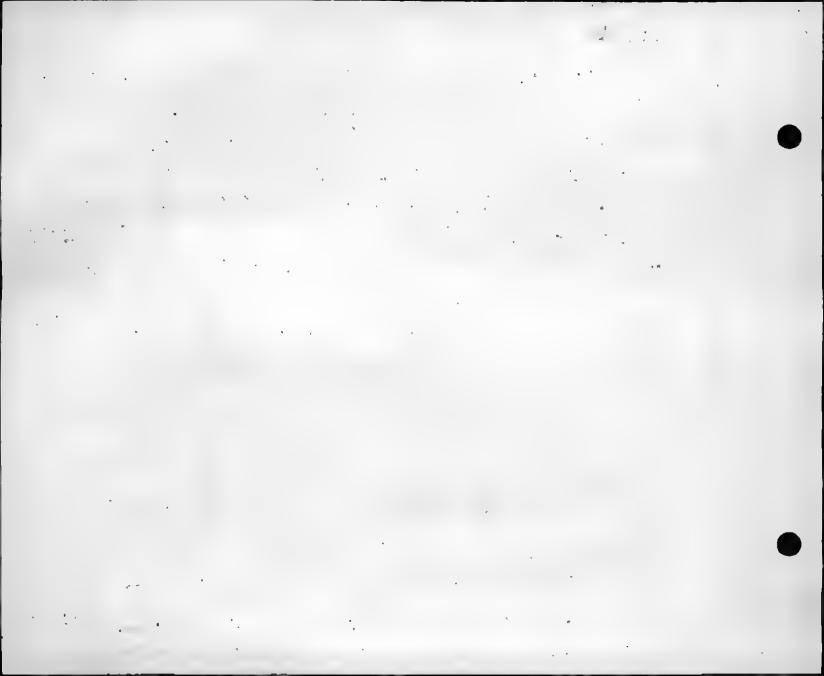
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1968

DATEVIES

VR A15 (4) 30M REV 1/68

Page 4 moy be retained by the hospital or attending physician.



22a. I certify that (1) (this haspital) ottended the deceased from 1 2 and 1, 196 2, to 25 may, 196 3, that (1) (we) last saw the deceased alive an 2 may 19 Sandthat in (my) (our) opinion death accurred on the date and hour and from the

the attending physicion and campletely filled in by the for sit permit. Then please remove corbon papers. Pages 1 nation, or removal, and in any event, within 72 hours after physicion and campletely filled in by the f PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours aft cremation, signed by the burial-tronsit p as the Page 4 may be retained by the hospital or attending IO FUNERAL DIRECTOR: After this certificate hos been ed for use of Health p should be detached director, page 3 should be detache should be filed with the State Dept.

22d. PHYSICIAN'S NAME (Type) lliam Goodman M. D 23a. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

HOUR A.M.

causes stated obave, (1) (we) (did) (did nat) view the body after death.

Manth Day Year

21e PLACE OF INSURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No.

22e ADDRESS 23d LOCATION (City or Town)

MED. DIRECTOR

(County)

State

County

22c. DATE SIGNED

5/29/1968 REMOVAL (Specify) Mt. Horeb Cemetery EUNERA. DIRECTOR

OR CONTRIBUTING CAUSE OF DEATH

21d. INJURY OCCURRED

While Nat while at wark

22b. SIGNATUREZ

(If either, natify medical examiner)

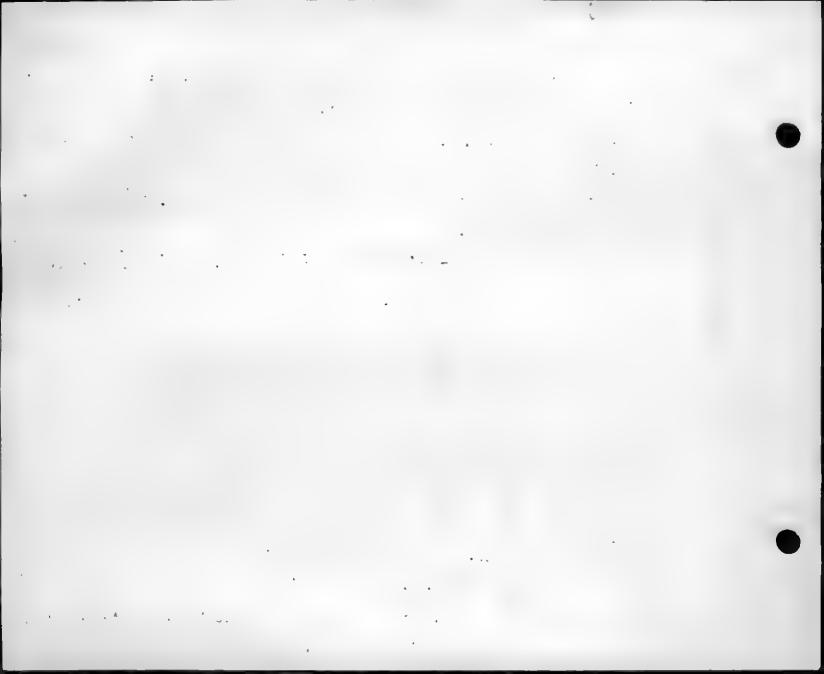
ADDRESS mal Catonsville, Md.

2Sa. REC'D BY REGISTRAR

City or Town

Rockingham County, Virginia 2Sb. REGISTRAR'S SIGNATURE,

YR A15 (4) 30M REV 1/68



1		MARYLAND STATE DEPARTMENT OF HEALTH	
P		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2.34
HEALIH DEPK		ype or Print) OF ESTI	ay Year 2b HOUR
3 to Page	0 0	1/Orsaxet / - Death MATED 3/2	60 70
dela and 3 msn	3 51	last birthdoy) MONTHS DATS HOURS MIN. Month Dry	Year 106.5 5 6 4
	70.5		1968 7 P M
E 8	caun	Maryland USA WIDOWED DIVORCED B2/4mc	re M
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Give Give and w	15	and Istown Between Co. General At Home	D D J I I I
P = 0 = 0 € 0 € 0 € 0 € 0 € 0 € 0 € 0 € 0	13a a	USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 36 INSIDE CITY CHARIS? 13e STREET AND NUMBER Inc. STATE M. 13b. COUNTY D. 2/40. Residence before 13c CITY OR TOWN 36 INSIDE CITY CHARIS? 13e STREET AND NUMBER 15c CITY OR TOWN 15c IN 15c CITY CHARIS? 15c CIT	orty 12d
haurs Item 18 Office Tand 2	14 F	ATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle	Last
24 h in th ris O ris O ss I c		Robert Porter Anna Con	nelly
thin 24 incil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	2 // 17
I w thin n pencil Examine File pagi	,,	es, no, or unknown) (If yes give wor or dones of service) 219–14–1440 Tilghman Shamer-6401 Liberty R	
		1B. CAUSE OF DEATH (Enter only one cause per lipe for (a) (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medical E insit permit f event within		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (and did - Vas area weeks	Suddo
ex lend f Me it p		DUE TO, OR AS A CONSEQUENCE OF	
hier hier		Conditions, if any, which gave inset a immediate cause (a), (b)	
e shauld be e the ward "per ta the Chief? b burial-transit id in any even		stating the underlying cause Due TO, OR AS A CONSEQUENCE OF	
sha ne w ta th buric t in (last. (c)	
its certificate the writing the farwarded to be used as a bremaval, and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
vertificate werting to revarded as a sed as a naval, an	NO	19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AJTOPSY?
s certil	CERTIFICATION	WAS PERFORMED?	YES NO T
Thus conference be be	ERTI	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
<u>+</u>		PRIMARY OR CONTRIBUTING HOUR A.M.	10 /
INER shaufshauf files. 3 sha	MEDICAL	CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
KAM te th ge 4 your age crem		WHILE NOT WHILE factory, office building, etc.)	
cal E executor for Page ed for CTOR: Purial,		220 certify that I took charge of the remains described above, held an Autopsy, Inspection 🔏, Inquiry,	ond in my opinior
Slease e directar directar etained DIRECT Ir ta bu		deoth resulted from Notural couses 🔼 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗀	
Ty please y, please and direction the retain prior to prior to		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	5 /25763
ny, period		SIGNATURE ASSISTANT MEDICAL EXAMINER L	9m / 1
Ssor Ssor		EXAMINERS	masune
o DEPUTY necessary, if the funeral s may be no c FUNERAL Health prid	220	NAME (Type) ADDRESS (Street, city, town, or county) (S. (+) BUR AL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d JOCATION (City or Town) (C	- MA 2/22)
E - JEX	230 E	RFMOVAL (Specify)	aunty) (State)
200		FUNERAL DIRECTOR ADDRESS 250, RECID BY REGISTRAR 25b,	
VR A15ME (5)		sworth Armacost-4600 Liberty Hghts. Ave DAMAY 28 1968	
10M REV 1/68	بدن	Sworth Armacost-1000 Diberty Hgiits, Ave	// //

00198

death. 9 21.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached far use as the bunal-transit permut. Then please remove carbon papers? Presently be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. Poge 4 may be retained by the hospital or attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

VR A15 (4) 30M REV 1/68

(Type	ASED NAME	First		Middle		Lost		20. DATE OF DEATH			2b. HOUR	
	or pont)	Loui	S	_		Shearer		Month	Boy	2 68	6:30°M	
3. SEX			4. RACE	•		S. DATE OF BIRTH		6 AGE (In	vegrs	IF UNDER 1 YEAR	JF UNDER 24 HRS.	
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country)				WIDOWED [NEVER MARRIED 🔀	1.	Baltimor	_			
	STBURG. OR TOWN OF D		U.S	ME OF HOSPITAL OR INST			1161	OCCUPATION (Kind of we		10k KIND OF	F BUSINESS OR	
P	ikesvi	1le	give s Pr	ofession	al Ho	use,Inc	most PR	of warking if e even if	retired.)	INDUSTRY REAL E		
		Where deceosed	l_lived, if instituti	on: Residence before	13c. CITY OR	TOWN 13d. INSIDE CITY	t FINGE	57 13e. STREET AND NU	JMBER			
odmissio	on) STATE		13b. COUNTY	V	Balt	imore YES Di	NO [I Lord B	alto	.Hote.	L	
14. FAT	HER'S NAME	First	Middle	Lost	15.	MOTHER'S MAIDEN NAME	First		Middle		Lost	
	H		_	Shear	er	F	A٨	INTE			?	
160 W	AS DECEASED EV	R IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY N		IFORMANT	, 0, 0	PELLENZ	Addigess T	MIEDO /	DT 401	
Yes,	no, or unknown)	(If yes give war	or dates of service)	212-46-8	966MR	S. JOSIE SCH	(WA	RTZ, 1190 W.	BEL	VEDERE"	AVE.	
18	CAUSE OF DE	ATH (Enter only	one couse per lin	e for (o), (b), ond (c).)	*					APPROX	ONSET AND DEATH	
	PART I. DEAT	CONTRACTOR OF THE IN	Div.	Carcino		at R	ا بمرد	State		1 1	ocks	
	185	IMMEDIAT:			- Dr.Cox	01 11	<u> </u>	5 10-12		1		
6	nditions, if onv	which gove	DUE TO, OK A	S A CONSEQUENCE OF								
	Conditions, if ony, which gove is to immediate cause (a), (b)											
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
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ste lo:	s1)	(c)		T RELATED TO	THE TERMINAL DISEASE OF	RCON	IDITION GIVEN IN PART 1((0)			
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lo:	s1	GNIFICANT COND	(c) DITIONS CONTRIBUT			THE TERMINAL DISEASE OF	RCON	20b. IF YES, WERE I		ONSIDERED IN (CERTIFYING	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	ECEASED-NAME Type or print)	First EDWIN	ANTHONY	SHER	WOOD Last	2	do. DATE OF DEATH	28	8°	2b. HOUR 9:00A M
	MALE	4. RACE	WHITTE	S	DATE OF BII 9/20	1896			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	BIRTHPLACE (State or fore		WHAT COUNTRY?	B. MARRIED X		KIED	COUNTY OF DEATH BALLTIMORE C	OUNTY		Md.
10. (ORT HOWARD	1	NAME OF HOSPITAL OR I			120 USUAL O	CCUPATION (Kind of wor of working life, even if r OR	rk done	26 KIND OF I	BUSINESS OR ND STATE
13a adm	USUAL RESIDENCE (Where ission) STATEMARYIA	e deceased lived, if inst		BALTI		13d. INSIDE CITY I. MITS? YES NO			ad	
14	FATHER'S NAME First	IIIAM L.			MOTHER S MA	IDEN NAME First	RY	Aiddle G	ARTIA	ND Lost
	WAS DECEASED EVER IN Yes, nd, ocuplenown)	U.S. ARMED FORCES? If yes give wat or dates of service WWWI	16b. SOCIAL SECURITY 213 09 90		ORMANT IN.REC	CORDS, V	A HOSPITAL,	ddress FT HO		
	PART I. DEATH WA	(Enter only one cause pe S (AUSED BY: IMMEDIATE CAUSE (a) _	er time for (a), (b), and (cARCINON	A OF PH	ARYNX					MATE INTERVAL HSET AND GEATH
	Conditions, if any, which rise to immediate cau									
	stating the underlying last.	COUSE DUE TO, (c)_	OR AS A CONSEQUENCE O							
NO	14						DITION GIVEN IN PART 1(d	<u></u>		
RTIFICATION	190. DATE OF OPERATION		WHICH OPERATION WAS I	ERFORMED	20 ₀ . AUTO	PSY?	20b. IF YES, WERE FI CAUSES OF DEATH?	NDINGS CONSI	DERED IN CE	ERTIFYING
MEDICAL CERTIFICATION	21a ACCIDENT WAS UN OR CONTRIBUTING CAU [If either, notify medica	ISE OF DEATH HOUR A	E OF INJURY .M. Month Day Yea .M.		/ INJURY OCC	URRED (Enter no	ture of injury in Part 1 a	r Part 2, Item	1B.)	
M	21d. INJURY OCCURRED While Nat while at work]	OFFICE BUILDING, ETC.	/		t or R.F.D. No.	City or Town		ounty	State
			attended the decea			, 19 (Our) op inia	, ta <u>5/28/6</u> n death accurred ar	the date of		(we) last and fram the
	22b. SIGNATURE	22c DATE 5/2	signed 28/68							
	22d PHYSICIAN S NAME (Type) GE		ELFATRICK			H FORT H	OWARD, MARY			
	. BURIAL (REMATION, REMOVAL (Specify) BURTAL	23b. DATE 6/1/6	68. OAK	LAWN CEM			3d. LOCATION (City of To BALT IMORE	, MARY		(State)
24.	FUNERAL DIRECTOR Legenal	rd J. Ruck-	RUCK F	S UNERAL H D-BOAD	OME BALTT	DATE MAY		Clark		dal
							-			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fadirector, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept. Page 4 may be retained by the haspital ar attending physician.

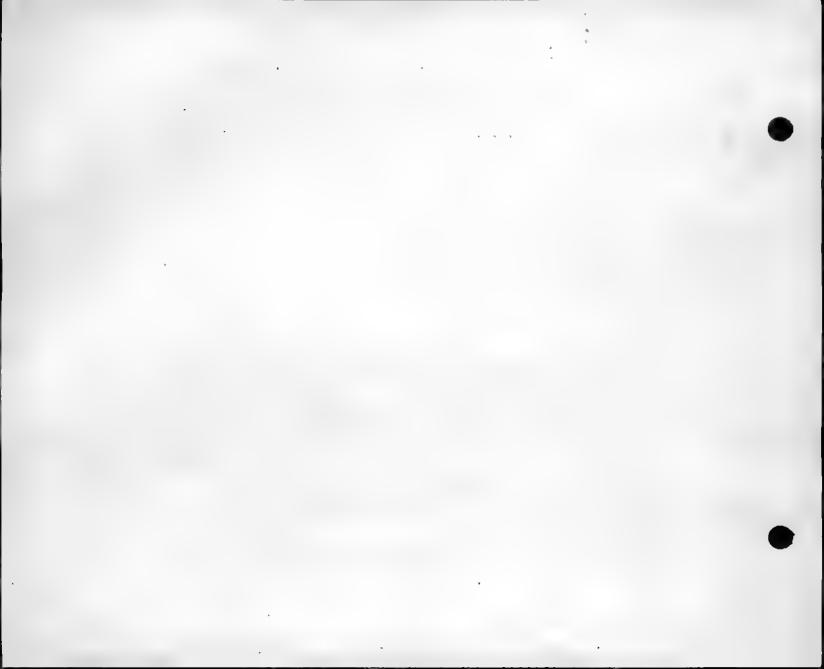
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VR A15 (4)





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		00803	DIVISION OF VI		ERTIFICATI			ACC, MIACTE	4110 21201	Ś	18
	1 D!	CEASED NAME First ype or print)	LEROY	Middle A.	SHRAI	DER, S	SR. N	o DATE OF DEA	TH Manth15, Day	19 68 1	26. HOUR
	3 51	x Male	4 RACE	White		ATE OF BIRT	H r 12, 19	908	AGE (In years st birthday) 59 YRS.	IF UNDER 1 YEAR	IF UNGER 24 HRS. HOURS M.N.
	7a. l	BIRTHPLACE (Stote or foreign itry) Penna.	75. CITIZEN OF WHAT		B. MARRIED X N		ED 9 0	OUNTY OF DEA Baltim	TH	1	Md
		ITY OR TOWN OF DEATH Lansdowne USUAL RESIDENCE (Where decea	give stree 330.	t address) 5 Kess1et	TITUTION (If not in)		12a. JSUAL OC during mast o Chaud	of working life,	d af wark done even if retired) AND NUMBER	126 KIND OF I INDUSTRY	
			d 13b COUNTY Ba		Lansdown		YES NO X		Kessler	Court	
			Middle Shrader	Last		(Un	en name First known)]	Middle Baker		last
1		WAS DECEASED EVER IN U.S. ARI les, na, ar unknown) (If yes give t	una en eletro of convert	b. SOCIAL SECURITY N 213-10-0			y A. Shi	rader,	Address Jr., 2104	Smith	Ave.
,	CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDI Conditions if ony, which gove use to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A (b) DUE TO, OR AS A	CONSEQUENCE OF		TERMINAL I	DISEASE OR COND	br	PART I(a) WERE FINDINGS CO		dbn
	MEDICAL CERTII	21g ACCIDENT WAS UNDERLY! GOR CONTRIBUTING CAUSE OF ORA (If either, notify medical exam 21d, INJURY OCCURRED 21e	iner) HOUR A.M. A	Aanth Day Year			,	ture of injury in	Part 1 or Port 2, I	tem 18.)	State
		White Not while at wark 22a. I certify that (I) (the saw the deceased causes stated above 22b SIGNATURE	nis hospital) attend	d the decease	ed fram Se 9 SE, and the body after deat DEGREE	ATTENDING PHYS. 22e. ADDRI	, 19 6 7) (our) opinia MED. DIREC	rancis	AFF 22x I	& & , that te and haur o	(I) (ws) last ond from the
			DATE 18-1968	23c NAME OF Most H	oly Rede	MATORY emer	23	3d. LOCAT ON (C Baltimo	ity or Town) re, Mary	((aunty) land	(State)
		loward H. Hubba	rd, 4107 W			20		2 0 196	25b. REGISTRAR'S	res Ju	dge



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Lost 20. DATE OF DEATH Sloan S. DATE OF BIRTH 6. AGE (In years lost birthdoy) 1904 Oct. 27,

Middle 1. DECEASED-NAME First 2b. HOUR (Type or print) Dry7 Yeek P 6 John PM 3. SEX 4. RACE IF UNDER 1 YEAR IF JNOER 24 HRS. MONTHS OFFE HOURS white ma læ 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7h. CITIZEN OF WHAT COUNTRY? 8 MARRIED I NEVER MARRIED Baltimore country) Penna. U. S. A. WIDOWED DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.) Ave. Arbutus electronic 134. INSIDE CHY LANTS 134. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13b. COUNTY Balto. odmission) STATE Arbutus 5112 Leeds Ave. Md. 15. MOTHER'S MAIDEN NAME First Houston Stoan 14. FATHER'S NAME First Middle Lost Sloan David Sloan 5112 Leeds Ave. 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) 014 o5 4211 Mary E. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CERTIFICATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO [YES [21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21a, ACCIDENT WAS UNDERLYING 216, TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. Month Dov P.M.

(If either, natify medical examiner) 21d, INJURY OCCURRED 21e, PLACE OF INJURY

21,68

(AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No.

City or Town

County

State

20)

22a. I certify that (I) (this hospital) attended the deceased fram_ saw the deceased alive an 19 6, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22c DATE-SIGNED 22b SIGNATURE ATTENDING DIRECTOR PHYS

20d PHYSICIAN S NAME (Type) N. Frederick James

May

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

22e. ADDRESS

21227 1311 Francis Ave. 23d. 10(ATION (City or Town)
Baltimore Md. (Caunty)

(State)

BHY (& Try) 24. FUNERAL DIRECTOR

23o. BURIA, CREMATION

While Not while of work

ADDRESS

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Inc. 1328 Sulphur Spring Rd DATE Ambrose

burial, cremation, or removal, and in any event, within 72 the attending physicion and completely fittings sit permit. Then please remove corban paper OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed O FUNERAL DIRECTOR: After this certificate has been signed by the attendin director, page 3 shauld be detached for use as the burial-transit permit. Tage

may be retain.

by the Mospital or Itending physician. prior to director, page 3 shauld be detoched for use should be filed with the State Dept. of Health p

hours ofter deoth

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Within

noors after death.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00800 CERTIFICATE OF DEATH DECEASED-NAME Last 2a. DATE OF DEATH First Middle (Type or print) Month Elizabeth Smith Anna May S. DATE OF BIRTH IF UNDER I YEAR 3. SEX 4 RACE 6. AGE (In years IF UNDER 24 HRS. last birthday) HOURS YRS 7a BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TE NEVER MARRIED 9. COUNTY OF DEATH country) .≘ SWeden DIVORCED [U.S.A. WIDOWED | Baltimore physician and completely filled carbon papi Within 12a, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH requires that the deoth certificate be executed within during most of warking life, even if retired.)

Homemaker Own Home rive street address) Baltimore 12 N Armacost 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13h COUNTY remove Parkwyrth Ave Md. buriol-transit mermit. Then pleose removeriol, cremotion, or remayal, ond in any 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middia John Unknown Johan son 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (if yes give war or dates of service) 216-05-7589 (Same E.Frederick Smith APPROXIMATE INTERVA the attending parties of the 18. CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c), PART 1, DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the prior to has bean 20b .F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [7] NO S detoched for use te Dept. af Health O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 211 LOCATION Street of R.F.D No. City or Town (aunty State While Nat while at work ATTENDING 22a. I certify that (i) (this pospital) attended the deceased from saw the deceased alive on and that in (my) (per) apinion death occurred on the date and hour and from the be retained director, page 3 shauld should be filed with the causes stated above, (1) (De) (did) (did not) view the body after death. 22c DAW SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS 22e. ADDRESS PHYSICIAN S 22d. NAME (Type) York Road . 0 Donnell Charles 23d LOCATION (City of Town) 23c NAME OF CEMETERY OR CREMATORY (State) 23g BUR AL CREMATION, 23b DATE (County) Burial (Specify) Timonium .Balto .Co .Md DulanevVallevMem.Grds 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Sons

MARYLAND STATE DEPARTMENT OF HEALTH



26804 CERTIFICATE OF DEATH Lost 1. DECEASED-NAME Middle 20. DATE OF DEATH First (Type or print) SNELLING EIMER M. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 7/14/05 lost birthdoy) WHITE MALE 9 COUNTY OF DEATH o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED THE NEVER MARRIED COUNTRYLAND BALTIMORE COUNTY. U.S.A. DIVORCED [WIDOWED F 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) SVETE ON HOSPITAL FORT HOWARD 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE MARYTAND | 13b. COUNTY 2935 Manns BALTIMORE YESK NO [T] IS, MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Lost First HENRY SNELLING ALTCE 16b. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, poposunknown) (if Toggine was dedicted of service) CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. 215 07 30 19 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY BRONCHOPNEUMONTA IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) SEPTICEMIC SHOCK rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse; ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE FAILURE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? AUTOPSY YES [NO5 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME FARM, STREET FACTORY, \ 21f. LOCATION Street or R.F.D. No. City or Town While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram 5/5/88 saw the deceased alive an 19, and that in (1) and that in (aur) apinian death accurred an the date and have and fram the

O FUNERAL DIRECTOR: After this certificate has been director, poge 3 sho should be filed with VR A15 (4) 30M REV, 1/68

requires that the death certificate be executed within 24 hours after death

physicion and completely filled in en please remave corbon papers.

24 FUNERAL DIRECTOR

23o. BURIAL, CREMATION,

REMOVAL (Specify)

22b. SIGNATURE

22d. PHYSICIAN S

23c NAME OF CEMETERY OR CREMATORY BALTIMORE, NATIONAL EVANS FUNERAL REGISTRAN

8802 Harford Rd. Balt PMbre

ATTENDING

PHYS 22e. ADDRESS VAH

causes stated abave, (?) (we) (did) (did not) view the bady after death.

NAME (Type) AHMED C. K. KUTTY.

23d. LOCATION (City or Town)

FORT HOWARD, MARYLAND

MED. DIRECTOR

(Stote)

Stote

2b HOUR

IF UNGER 1 YEAR

Avenue

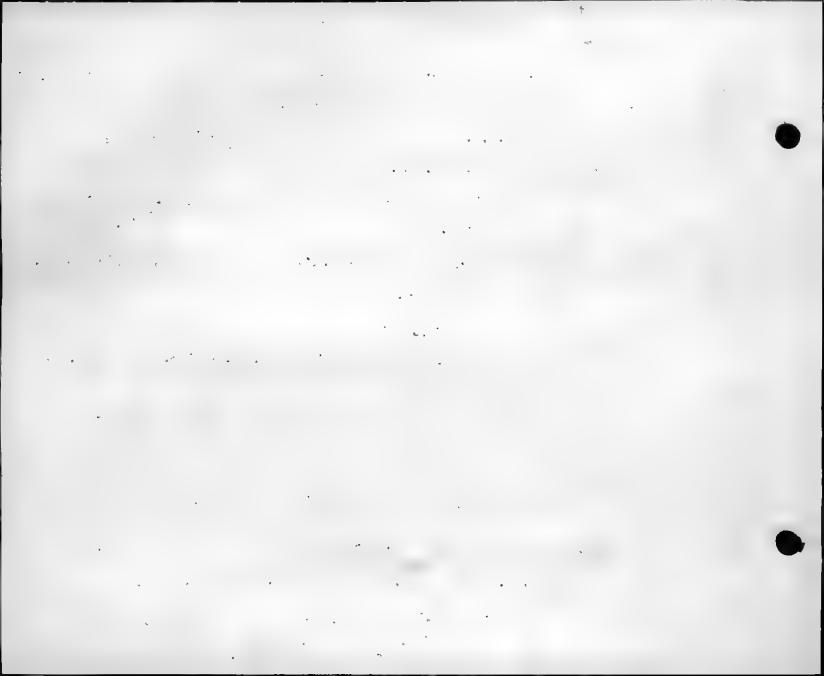
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County

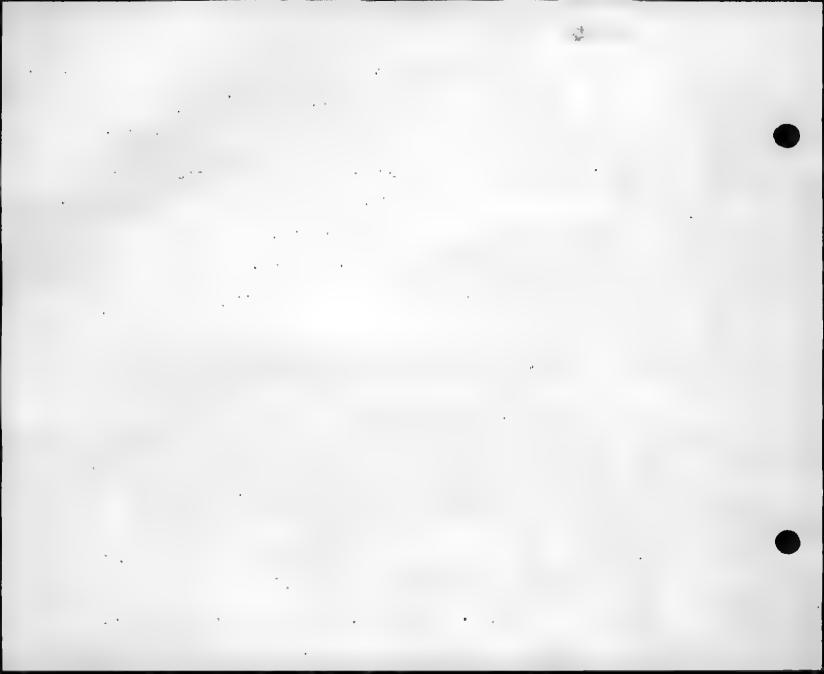
12b KIND OF BUSINESS OR

1:15P

(County) BALTIMORE, MARYLAND



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. physician and campletely filled in by Attertageral on please remave carbon papers. Fages 1 and 2 on the present of the centre of Manth > (Type ar print) 6. AGE (In years last birthagy) 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign ban papers. within 72 had MARRIED TO NEVER MARRIED Baltimere USA Balto.Md. WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) IND Lt-Fire Dept-retired give street address) **INDUSTRY** Kingsville Cedar Lane 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 136 INSFOE CITY JANUTS? 13e. STREET AND NUMBER admission) STATE Kingsvill Cedar Lane IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Last Phillipina Bachman Daniel Sommerman 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) 216-28-4647 Mrs. Emma E. Sommerman, Kingsville, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) has been signed by the attendii se as the burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? 055tructi YES [NO 🖘 Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED (AY HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No 21e. PLACE OF INJURY County State City or Town While Nat while at wark 1960 to May 220. I certify that (I) (this haspital) attended the deceased from 1960, 10/12-1, 1960, that (I) (we) lost saw the deceased alive on 1960, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did) not) view the body after death. director, page 3 shauld shauld be filed with the 22c. DATE SIGNED 22b. SIGNATUR ATTENDING STAFF PHYS. 5-21-DEGREE DIRECTOR PHYS. 22e. ADDRISS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE (County) (State) 5/23/68. Parkwood Cemetery Baltimore. Md. 24 FUNERAL DIRECTOR Leonard J.Ruck, Inc... Balto, Md. 30M REV. 1368 DATE



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		U6806 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14.019
HEALTH DEPT.		ECEASED NAME First Middle Lost / 20 DATE KNOWN Month D	oy Yeor 2b HOUR
2 t 8		Type or Print) Guy Alton Spansler DEATH MATED 5/3	5 KS 735 M
delay is and 3 to 13 Page	3 5	4. RACE S DATE OF BIRTH . 6. AGE (In your I F UNDER YEAR F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
del and del		M W 4/2/84 Inst brithday Months DAYS HOURS MIN Month Doy 5	Year 1968 7 PM
\$ 27 a	70	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH,	
form form	COU!		Mc
手 章 章	10. (ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USJAL OCCUPATION (Kind of work done 12	6 KIND OF BUSINESS OR
for death Give Pages and with far the State th.		during most of working life, even if retired.) IN	Sinai hosp.
after 8. Givu alang with th	130	IIS. A. RESIDENCE (Where deceased lived if institution, he dence before 13r CITY OR TOWN 13d INSIDE CITY LAUIS? 13e STREET AND NUMBER AND STREET AND STREE	
haurs after death item 18. Give Pag Office along with 1 and 2 with the Sta after death.	٥	dission) STATE md, 136 (OUNTY Ba/to Daltinore, LIVES NO NO 3/35 /450/	Aue
them 14 Office Office after d	14. [ATHER S NAME First Middle Lost IS. MOTHER S MAIDEN NAME First Middle	Lost
		James Edward Spangler Hartha Clementine	e Grotty
hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Places	svile, ka.
	(1	(ss. no, or unknown) (If yes grave were or dedues of service) 215-24-6084 Firs. Lucille S. Nicholson, /501 Dr	eslen Kd.
be executed wir "pending" in pe nief Medical Exar ansit permit. File event within 72		18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medical E insir permit. F event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Can Dis - Vascular Dislane	Sudala
e execut pending" ef Medicc nsit permi		DUE TO, OR AS A CONSEQUENCE OF	
be "pe "ief insit		Conditions, if any, which gove	
ward ward the Ch nal-tra		rise to immediate couse (o) {	
		lost (c)	
s certificate sla e, writing the farwarded to i used as a bu emaval, and ii		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
nis certificate the writing the farwarded to be used as a bremaval, and	z	7231	
certii , wr.t arwar used mava	J#110	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	CERTIFICATION		YES NO X
	199	216. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month Doy, Year 21c HOW INJURY OCCURRED (Enter noture of njury in Port 1 or Port 2, Item PR MARY OR CONTRIBUTING HOUR A.M	18.)
INER: 1 shauld t files. 3 shauld atian, a	MEDICAL	CAUSE OF DEATH P.M. 19	
KAMINER: te the certi ge 4 shauld yaur files. age 3 shaul crematian,	×		County Stote
		WHILE NOT WHILE TOCTORY, Office building, etc.) AT WORK AT WORK	
tar. Paged for CTOR: Purial,		220. I certify that I took charge of the remains described above, held on Autopsy 🔲, Inspection 💢, Inquiry 📋,	ond in my opinion
but but		death resulted from. Natural causes 📈 , Accident 🗌 Suicide 🔲 , Homicide 🔲 , Undetermined monner 🗌	
olease e directa directa etained DIRECT		CHIEF MED CAL EXAMINER	5/6/68
JTY iry, ple eral di be reti be reti priar		SIGNATURE ROMOS M. Fre Donc to MD MD ASS STANT MED CAL EXAMINER [] 22b. DATESIG	SNED S
DEPUTY Color tessary, please e funeral direct may be retaine FUNERAL DIRECT color to a c		EXAMINER'S DEPUTY MEDICAL EXAMINER A 13/1 From	
o DEPUTY DIC. necessary, please e the funeral director 5 may be retained 5 FUNERAL DIRECT		NAME (Type) James N. Frederick MD ADDRESS(Street, city, town, or county) Baito, r	KS, 21227
TO DEPU necessar the fune 5 may b TO FUNER Health	23a	DEMOVAL (Specific)	ounty) (Store)
130	0.6		altio. Mi.
VR A15ME (5)	24.	FUNERAL DIRECTOR 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR 3 SIG	
10M 8EV 1/68	9	rank Dr. Newell Ockesville 8 MK DATE MAY 9 1968 Jelian	rles Judge

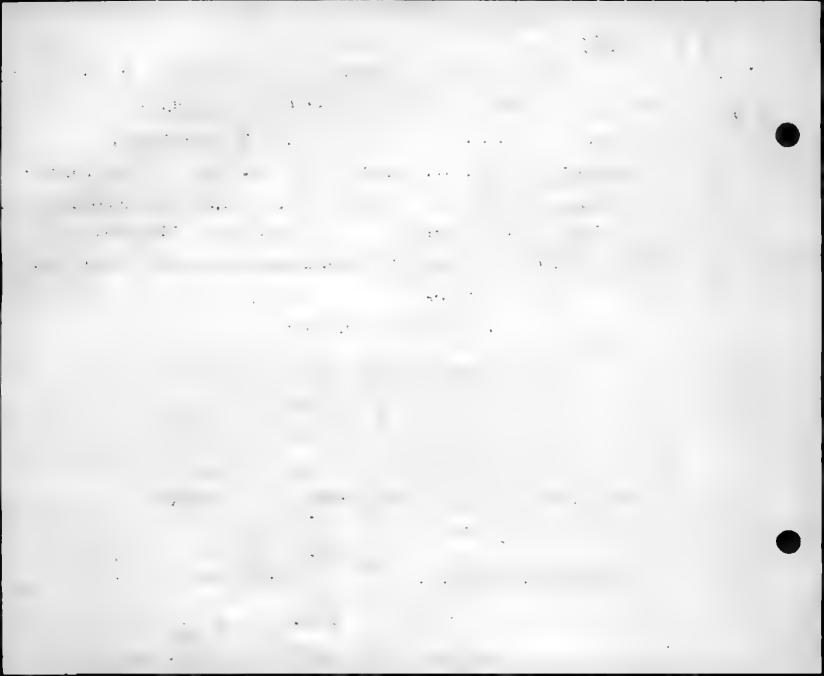


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED-NAME Middle Last 2b HOUR First death. unero (Type or print) FELIX **JOHN** SPARZAK 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years JE HINDER I YEAR 2/13/21 MONTHS MALE WHITE low requires that the death certificate be executed within 24 have 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country MARYLAND U.S.A. BALTIMORE COUNTY DIVORCED K WIDOWED [physician and completely filled hen please remove carbon pap ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address). FORT HOWARD 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY JIMITS? odmission) STATE 13b. COUNTY 2h@3 Jefferson Street BALT IMORE 14. FATHER'S NAME Middle IS, MOTHER'S MAIDEN NAME First Middle First Lost Last FELIX SPARZAK ELIZABETH KWIATKOWSKA 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no prevnknown) 218 07 78 55 CLIN.RECORDS. VA HOSPITAL. FT HOWARD. MD. 18 CAUSE OF DEATH (Enter only one cause per fine for (α), (b), and (ε).) PART I. DEATH WAS CAUSED BY: PNEUMON TA BETWEEN ONSET AND DEATH PNEUMON TA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CEREBRAL VASCULAR ACCIDENT Canditions, if any, which gave bursal-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) hos been 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO 🛣 YES [TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF GEATH HOUR A.M Manth Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED State 21e. PLACE OF INJURY City or Town County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 2/29/61 saw the deceased alive an 5/21/68 19 and that in 19 to 5/21/60 and that in 1995 (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an ... causes stated; a baye; (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. MED DIRECTOR director, page 3 should be filed v 5/21/68 PHYS 22e. ADDRESS 22d. PHYSICIAN'S CHARLES BLAIR FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) (State) HOLY ROSARY"S CEMETERY BALTIMORE. MARYLAND

MONTFORD AVENUE BALTIMORE MD

24 JUNERAL DIRECTOR

VR A15 (4) 30M REV 17



, 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	101
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	215
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE	KNOWN Month Doy Year 2b HOUR
111111111111111111111111111111111111111	(Type or Print) ALAN E. SPROUSE DEATH	ESTI- Mare 10
delay is and 3 to M3. Page	3 SEX 4. RACE S DATE OF BIRTH 6. AGE (to yours if Under 1 YEAR IF UNDER 24 HRS 2c DATE PI	RONOUNCED DEAD 2d. HOUR
PM3.	Male White June 23, 1937 30 yrs	May Doy 18, Yeor 19 68 M
	70 BIRTHPLACE (Stote or foreign 7b (ITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DE	
far far ate	WOOD VIIGHIIA O. D. R.	imore Mc
after death 8. Give Pages along with far with the State	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (during prost of working li 419 Oakwood Road 120. USUAL OCCUPATION (during prost of working li Machine Oper	Kind of work done 12b KIND OF BUSINES OF INDUSTRY Tator -Manganese Chem.
Give Give ang th th	130 CSUAL RESIDENCE (Where deceased lived if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREE	AND NUMBER
ee will ee	odmission) STATE Maryland 13b COUNTY Baltimore Dundalk YES NO 419	Oakwood Rd.
24 hours in Item 18 r's Office es 1 ond 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First	Middle Lost
24 h in th r's C r's C r's O r's O	Henry Sprouse Bessie	Milam
within 24 pencil in xominer's ile poges 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes al service) 190-28-0009 Mrs. Betty Sprouse 41	ADDRESS Md. 21222
d wit in pe Exon File n 72		9 Oakwood Rd. Dundalk,
be executed "pending" in nief Medical E ansit permit. Pevent within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Hypertensive Arteriosclerotic Cardiovas	RETAVIEN ONSET AND DEATH
e executi pending" ef Medica isit permi	4/20 DUE TO, OR AS A CONSEQUENCE OF	cular bisease
be e "per insit ever	Canditions, if any, which gove	
vord vord he Cf al-tro	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief I burial-transit	last. (c)	
s a	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART I(o)
rriffic rriffic vard vard o ed o ival,	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AJTOPSY?
This certific icote, writing be forward of be used of or remayal.	190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c EXTERNA. CAUSE WAS 21b TIME OF IN. JRY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury)	20 AJTOPSY? Partial YES X NO [
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NER: T scertifica should brines files should stion, or	CAUSE OF DEATH P.M. 19	
KAMINER: te the certi ge 4 should your files oge 3 shoul cremotion,	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f tOCATION Street or R.F.D. No. City of foctory, office building, etc.)	r Town County State
EXAMINER: cute the cert age 4 should r your files :Page 3 shoul I, cremotion,	AT WORK L. AT WORK L.	7
AL for the property of the pro	22a. I certify that I took charge of the remains described above, held an Autapsy . Inspection	and a family and a
JITY (1) IC. Vy, pleose e erol director be reto ned RAL DIRECT prior to bu	death resulted from: Natural causes 🗷 , Accident 🔝 Suicide 🔝 Homicide 🔝 , Undete	ermined manner
<u> </u>	ACTUAL SIGNATURE SIGNATURE ASSISTANT MED CAL EXAMINER X	22b. DATE SIGNED
DEPUTY ecessary, p er funeral may be re FUNERAL ealth prio	EXAMINER'S Edward F. Wilson ,M.D. DEPUTY MED CAL EXAMINER	May 19, 1968
ro DEPUTY necessary, the funeral 5 may be ro ro FUNERAL	NAME (Type) ADDRESS(Street, city, town, or count	<u></u>
5 = 2 5 =	236. BUR AL (REMATION, PRINCE PORT OF CEMETERY OF CREMATORY PARK STATE PARK S	
OH	Eurial 5/21/68 Meadowridge Memorial Park 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR	Dorsey, Maryland 25b. REGISTRAR S SIGNATURE
VR A15MG (5)	1-1 1 Dull 2000 111 1 Dull 101	168 Marley Judge
IOM KCA JAB (WAL 2 CA	



	li.	MARYLAND STATE DEPARTMENT OF HEALTH
* *		Opprision of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201
		M ARY M CERTIFICATE OF DEATH
ਵਂ –ਹਿੰ ਦ ।		ECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
uneral and		Type of 19/11/11/11/11/11/11/11/11/11/11/11/11/1
in in the second	3. SI	EX 4 RACE S DATE OF BIRTH 6. AGE (In years If under 1 YEAR IF UNDER 24 HIS
5 4 5		remale white april 14, 1882 86 YRS.
and the second		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 7b. COUNTY OF DEATH
t Popularia	COB!	Tetheria U.J.A. WIDOWED DIVORCED Ballimore
filled poperthin 74	10 (CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of warking life, even if retired.) 12. KIND OF BUSINESS OR during mast of warking life, even if retired.)
with rely with with		Calousville Summit Nurseing House Will at Home
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death nined by the hospital or ottending physician. No. After this certificate has been signed by the ottending physician and completely filled in by the funeral ould be detached for use as the burial-transit permit. Then please remove corban paper, then I are state Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours of prince of the state Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours of prince of the state Dept.	adm	USUAL RESIDENCE (Where deceased lived, it institution Residence before 13c. CITY ORTOWN 13d INSIDE CITY UMAIST? 136. STREET AND NUMBER 135 COUNTY LANGUAGE STATE NO 1243 James St.
ond co	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
be n or din	L	Unthony mageika ann Espapulatis
icate be rsician o please 1, and in		I. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCYT SECURITY NO. 17 INFORMANT 17 INFORMANT 18 Address
phy en ovol		ne ha seamed - a search 1243 perces
ne deoth certificate t ottending physician permit. Then please ian, or removol, and		PART I, DEATH WAS CAUSED BY:
leot end mit.		IMMEDIATE CAUSE (a) Arbeins clinte candiovascila disease
he c peri		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Congress Conditions of the Conditions
at the		nse ta immediate cause (a) (b)
The law requires that the ottending physician. has been signed by the se as the burial-tronsit it prior to burial, cremoting the		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF Frontier Rightle
ovires ovires gne gne irral		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
o business		46 - 1
e law r tending is been as the prior to	TON	190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? / 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
ICIAN: The law repuiled or ottending rificote has been defor use as the of Health prior to	CERTIFICATION	Ly De With Edward, 130 NECONDEST NO IN CAUSES OF DEATH?
N: The or off or		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
YSICIAN: ospital or certificate hed for us	MEDICAL	Contributing Cause of Death HOUR A.M. Month Day Year [If either, natify medical examiner] P.M. 19
S PHYSICIAL The hospital this certifice detoched fo	ME	21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREE, FACTORY,) 21f LOCATION Street or R.F.D. No. (ity or Town County State
this this detact		at wark at wark
by the host trer this cer be detoche State Dept.		22a. I certify that (I) (this hospital) attended the deceased from 5 / 6 , 19 68, that (I) (we) to saw the deceased give on 5 / 2 3 , and that in (my) (ear) appropriate the date and hour and from the deceased give on 5 / 2 3
END red R: A old the		saw the deceased glive on 1968, and that in (my) (ear) apinian death accurred on the date and hour and from the causes stated above, (I) (we) (did) (sid not) view the body after death.
Short State		22b. SIGNAJURE 22c. DAJE SIGNED /
OR ATTENE be retoined DIRECTOR: A ge 3 should ed with the		Lese Fix Degree PHYS DIRECTOR
RAL C		22d. PHYSICIANS 18017RESERICK 23 BALTOZAZZ E. KASAITI'S, M. S.
# # # B P ~		7
O HO House direct	23a	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5 5 m	26	FUNERAL DRECTOR ADDRESS 90 250 RECIDENCE 250 REGISTRAR'S SIGNATURE .
VR A15 (4) 30M REV. 1/68	24.	(John V (Jon an) to Jan X 3/100 = 1 1/2 1968



MARYLAND STATE DEPARTMENT OF HEALTH 06810 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

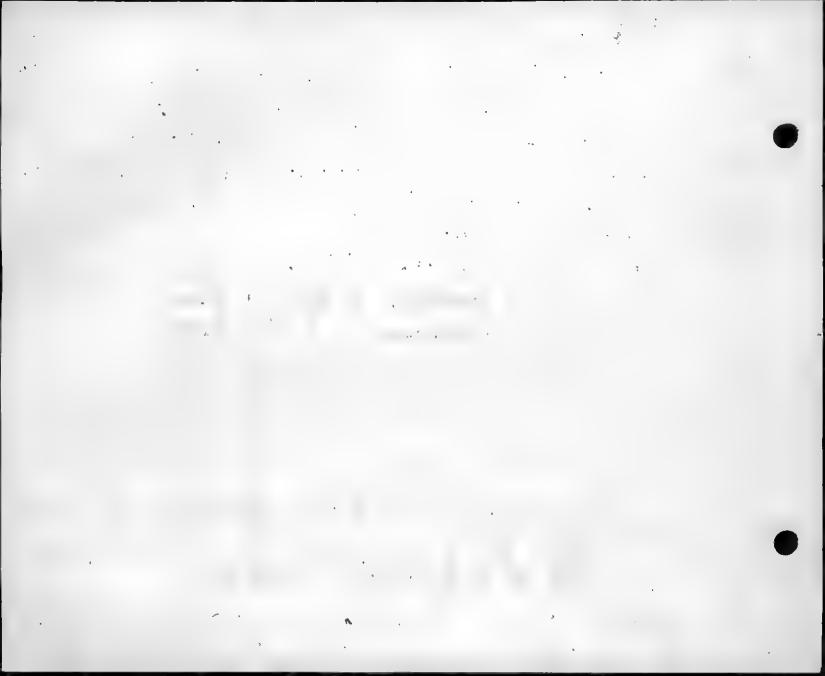
CERTIFICATE OF DEATH

36817

_ CY_E		ECEASED-NAME First	Middle	Last		20 DATE OF DEATH		2b HOUR
erol and 2 death.		Type or print) Edith		Steel	le	Month 5	19 68"	10:20A M
	3 9		4. RACE		OF BIRTH	6. AGE (In ye	OFS FUNDER 1 YEAR	
2 8 5		F	W	1.	1/23/1876	last birthday	YRS MONTHS DAY	S HOURS MIN.
	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVE		COUNTY OF DEATH	The	
		ntry) England	USA			Baltimore		Md.
pdper iii)	10	CITY OR TOWN OF DEATH	11, NAME OF HOSPITAL OR INS	l-glide-		OCCUPATION (Kind of work	done 12b KIND (OF BUSINESS OR
\$ 5	10.		give street oddress) Stella Mar		during mas	t af warking life, even if re	own H	CME
# # ±	130	TOWSON USUAL RESIDENCE (Where decease	ed lived, if institution; Residence before	13 CITY OR TOWN	3 HSW			Caro
omplete ve catt	adn	nissian) STATE	13b. COUNTY	Baltimore	YES NO			
100 VOII V	14	FATHER'S NAME First	Middle Lost		R'S MAIDEN NAME FIRS		iddle	Last
by the ottending physician and completed fransit permit. Then please remove cally cremotion, or removol, and in any event,	14.	****		to, morne			4010	2491
ase and in	16	George . Was deceased ever in U.S. Arm	Heorrell 16b, Social Security N	IO 17 INFORMA!	Mercy Jo	roan	drace	
2 S 8 0,	100	Yes, no or unknown) (If yes give w	or or dates of service)		" Mrs. Ut:	is M. Travel	rss ford Road	
phy men novo	H	No	215-51-15		pice recor	ds)	APPRO	OXIMATE INTERVAL
		DART I DEATH MAKE CAUCE	y one cause per line far (o), (b), and (c).) BY:	1 1 // 1/2 0. 1	hen Ca	use llukin	BETWEEN	N ONSET AND DEATH
mit or		IMMEDIA	TE CAUSE (a)	TELLIO	ruge ca	use work m	7 1	dy
off off ion,	1		DUE TO, OR AS A CONSEQUENCE OF	1200	M. T.			1.
by the ransit cremot		Canditions, if any, which gave the immediate cause (a), ((b)	11301	೨			*
हु <u>क</u> कि ज	1	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	M/ Louis	R	I. Irai		*
physician signed by burial-tra burial, cre	ı	last)	(c)	CIUMIUN	1 John	Alprove	<u> </u>	
		PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TER	RMINAL DISEASE ORCO	NDITION GIVEN IN PART 1(a)		
The and	25	401						
of artending icate has been for use os the Health prior to	CFRTIFICATION	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER		AUTOPSY?	20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSIDERED IN	CERTIFYING
affer					ES NO 🔼			
ospital or certificate hed for u				21c. HOW INJUR	RY OCCURRED (Enter r	nature of injury in Part 1 or	Part 2, Item 18)	
14 E - 6	MFDICAL	(If either, notify medical examin	ner) P.M. 19					
the spirit	\$	21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY.) 21f LOCATION	Street ar R.F.D. No	City or Town	County	State
e det ± fe	П	lot work — at work —						
by the hos (fter this ce be detache State Dept.	П	22a. I certify that (I) (th	is hospital) attended the decease live on 5/18/68	d from 3/22,	/66, 19	, to5/19/6	8, 19, the	at <u>(I)</u> (we) last
		saw the deceased a	(U) (we) (did) (did nat) view the	Y, and that i	u (my) (our) obini	ion deoth occurred on	the date and hou	ir ond from the
ip 5 4 4		22b. SIGNATURE	(me) (did) (did fidi) wew life i	body direct death.			22c. DATE SIGNED	-
be retaine DIRECTOR: ge 3 shoul led with th	П		Muliut)	DEGREE PH	TENDING MEI	D. STAFF PHYS.	5,20/6	8
, = 0-		22d PHYSICIAN'S	A		a. ADDRESS	ticion - Tilia		
E 2 d a			Robert J. Mahon, N	1. D.	204 E. Jo	oppa Rd		
Page 4 may O FUNERAL director, page 5 page 1	234	BURIAL, CREMATION, 23b.		CEMETERY OR CREMATO	DRY I	23d LOCATION (City or Tow	vn) (County)	(State)
S a E a a			21/68 Park			Parkville,		Md.
1617	24		Sons Co. 4905 Yor		MA VEC DBY	REGISTRAR 25h REG	ISTRAR'S SIGNATURE	
VR A15 (N) 30M REV 1788	1	H. W. Jonkins&	Sons Co. 4405 Yor	KAROAG	1017	1968 Jelle	meles Judg	洗



_			MARYLAND STATE DEPARTMENT OF HEALTH
()			6817 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
			CERTIFICATE OF DEATH
£ 42£			CEASED-NAME First Middle Last 20. DATE OF DEATH 26 HOUR
age of the search of the searc		(I)	ype or print) Frank A. Stokes St. 5 Month 5 Day Year 1/95 M
	-	3. SE	
irs afte y the f Poges urs afte	1		Male Cauc 10-14-99 lost birthdox) YRS. MONTHS CAYS HOURS MINI.
in by		Zd B	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH.
d in d in 22 h		coun	Balto, Md USA WIDOWED DIVORCED Baltimore Md.
filled in pape thin 72		10 CI	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
ely bon wit	And you		OWSON Greater Balto, Med, Center Pipe titter (retired) CIVIL Sequice
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate las been signed by the allending physician and completely filled in by the finite director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages is should be diffed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	tel 3		USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d MSIDE CITY LIMITS? 13e STREET AND NUMBER ssian) STATE Md 13b COUNTY Arundel Annapolis YES NO 24 Decatur Ave.
L co		14. Fa	ATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle Last
be ex and rem in on			John E Stokes Annie Stokes CARY
e deoth certificate be all all all all all all all all all al			WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address
fiffice hysi rel,		Y	es, no, or unknown) (If yes give wer or dates of service) 216-44-7532 Patients chart
ceri mov			1B. CAUSE OF DEATH (Enter only one cause per line for (g), (b), apd (c).) BETWEEN ONSET AND DEATH
ooth ndir or re		Н	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastusu to bones + brain
e de			/ O W_ / DUE TO, OR AS A CONSEQUENCE OF
t the sit in		П	Canditions, if any, which gave as to immediate cause (a), (b) Carcinoma of the lung
equires that the physicion. signed by the burial-tronsit purial tremati			stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
res /sici inf-tial-tial			lost (c)
equi phy sign bur bur		П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO-DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
low re inding been s the ior to		8	/ C. Y
The lo ottend las base os	1	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
e le le	^	ERTIF	AF2 NO
AN. olo for the			TOR CONTRIBUTING CAUSE OF ORATH HOUR A.M. Month Day Year
YSICIAN: cospitol or certificate ched for u		MEDICAL	(If either, natify medical examiner) P.M. 19
NG PHYSIC y the hospi fer this cert e detached late Dept. o			While Nat while \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
IDING PH 1 by the h Affer this 1 be detact			at wark at work 22a. I certify that (1) (this haspital) attended the deceased from 4-10, 19.68, ta 1, 19.68, that (4) (we) last
Affr Affr e Street		П	saw the deceased glive an 11.04.714. 5 -3 19 6 Yand that in (my) (aur) apinion death accurred an the date and haur and from the
Sing H			causes stated abave, (I) (we) (did) (did nat) view the bady after death
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate llas been signed by director, page 3 should be detached for use as the burial-troops should be filed with the State Dept. of Health prior to burial, creating the purial or the state of the prior of burial, creating the state of the prior of burial, creating the prior of the purial, creating the prior of the purial, creating the prior of the purial, creating the prior of the purial of the prior of the purial of			226. SIGNATURE DE LA CLEU DIGOSE CHYS DIRECTOR DISTAFF DIRECTOR DI
ALC Vy by by by filer	1	П	22d. PHYSICIAN'S 22e. ADDRESS (22e. ADDRESS)
PIT, mc ERA or, F	1		NAME (Type) JUSE M. VE VOOD, M. V. GIBAC
HOS ge 4 FIIN	2	230	BURIAL, CREMATION, 23b. DATE 23c MAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (State)
5g 5 a &	Mr	\$	REMOVE SPECIAL ST-9-68 Ft. WINCOLD BLADENSBURG MD.
VR A15 (4	W.	24?	FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 250
30M REV 1	/68/	11	Tuth Taylor tas amupolis, Md. DATE MAY 7 1968 favories Judge



2	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 2a, DATE KNOWN Manth Day Year 2b HOUR
2 6 6 6	(Type or Print) Jackson Ross Stott OF ESTI- DEATH MATED Mary 2 18 M
\$ 00 E	3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PROHOUNCED DEAD 2d HOUR
y delly dell	Male White April 1, 1950 18 YRS MONTHS DAYS HOURS MAN MOTHER Day 2nd 968 7/2 M
2, Pl	70 B RTHPLACE (State or foreign 75, CHIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED N. COUNTY OF DEATH
o De	COUNTRY) Delaware U.S.A. WIDOWED DIVORCED Baltimore
tate	10 CITY OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS OR
ded e Pe	Towson give street address St. Joseph's Hosp. during most af warking life, even if retired.) INDUSTRY High Scho
affer death solutions with the Sta	13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13a INSIDE CITY LIMITS? 13a STREET AND NUMBER
	odmission) STAMaryland 13b. COUNTY Baltimore Baltimore YES XNO 5804 The Alameda
haur Item Office I and 2	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Pauline Miller
d within 24 in pencil in Examiner's File pages in 72 haurs	16d WAS DECEASED EVER IN U.S. ARMED FORCES? (Yest no. or Johnsown) (If yes give wor or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT Mrs. Pauline M. Stott (Same as 13)
be e≡ecuted within "pending" in pencil nief Medical Examine pnsit permit. File pag evęnt within 72 hau	(Yes, ng, or Jnknown) (If yes give war or dates of service) Mrs. Pauline M. Stott (Same as 13)
	18 CAUSE OF DEATH (Enter only one cause per one for (a) (b), and (c))
≡hautd be e≡ecuted ne ward "pending" i: a the Chief Medical burial-transit permit. I in any evęnt withir	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) FYACTUYER SPUILLEURLY: 5/dep
Mec Mec pel	8 1 6 O DUE TO, OR AS A CONSEQUENCE OF 8
per per ief ief	(Conditions, if any, which gove)
The Tart	rise to immediate cause (a), (b) Stating the underlying couse (DIE TO, OR AS A CONSEQUENCE OF
war war the rial	last.
e if the take the purification in the interval	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ficate fing th rded t as a a al, and	TAKE I OTHER SIGNALISMS CONDITIONS CONTRIBUTING TO DESTIT BUT NOT RECEIVED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
This certificate thautid be effecuted tate, writing the ward "pending" is a farwarded to the Chief Medical be used as a burial-transit permit.	196. CONDITION FOR (WHICE OPERATION 20. AUTOPSY?
IME. This certificate, writing should be farward files. Should be used should be used astion, at removalution, at removalution.	19a. DATE OF OPERATION 19b. CONDITION FOR (WHICH OPERATION) WAS PERFORMED? 20. AUTOPSY? WAS PERFORMED? 21a EXTERNAL CAUSE WAS 2 b TIME OF INJURY Monty, Day, Year 12Le HOW INJURY OCCURRED (Enter refuge of printy in Part 1 or Part Afrence Control of Control o
certificate, auld be fores. And ar rer	210 EXTERNAL CAUSE WAS 2 b TIME OF INJURY Month, Day, Year / / Ic-HOW INJURY OCCURRED (Enter refuse of pilory in Part 1 or Par
INCE The e certificate should be files. 3 should be asknown as r	
tio atio	PRIMARY OR CONTRIBUTING HOUR A.M. (AUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF NJURY (At home, form, fiveet, 21f LOCATION, Street of R.F.D. No. City of Jowny County State
TAMINITY te the certi ge 4 shauld yaur files. age 3 shau crematian,	DANKE WAS SHAFF TOCKERY, Office Building etc.)
= 9 ~ E X :0	22a. I certify that I took charge of the remains described above, held on Autopsy, Inspection Inquiry, and in my opinion
UTY DICKS IN, please everal directal be retained RAL DIRECT prior to but the prior to but the	death resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined manner
please I directo refaine DIREC	ACTUAL CHIEF MEDICAL EXAMINER COMPANY CONTROL OF THE PART CONTROL
y, ple eral di se reto sal Di prior	SIGNATURE A ACTUAL AND ASS STANT MEDICAL EXAMINER LI
DITRUTY reassary, e funera may be FUNERA safth pr	EXAMINER'S NAME (Type) Charles F. O'Donnell, M.D. ADDRESS (Street, city, town or county)
o DITUTY SICA necessary, please extend director. 5 may be retained o DINERAL DIRECT Health prior to bur	
10 10 10 10	23a BJR.AL, CREMATION, REMOVAL (Specify) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Edunty) (State)
	Burial May 4 1968 Riverview Cemetery Wilmington, Del.
sm sacialism	24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR S SIGNATURE ADDRESS 2717 Moreous St. William Doll Date FRAV 7 1968 Clearles Judge
VR A15ME (5) 10M REV 1/68	James Mullikin, 2317 Market St., Wilm., Del DATE MAY 7 1968 Guarles June
	Courtesy Card #129



23c NAME OF CEMETERY OR CREMATORY

ADDRESS

OHR KNESSETH ISRAEL

BALTO.

DATE

ANSHE SFARD.

250 REC D BY REGISTRAR MAY 24

GEN. HOSP

GERMAN

(County)

HILL ROAD

(Stote)

23d LOCATION (City or Town)

director,

NAME (Type)

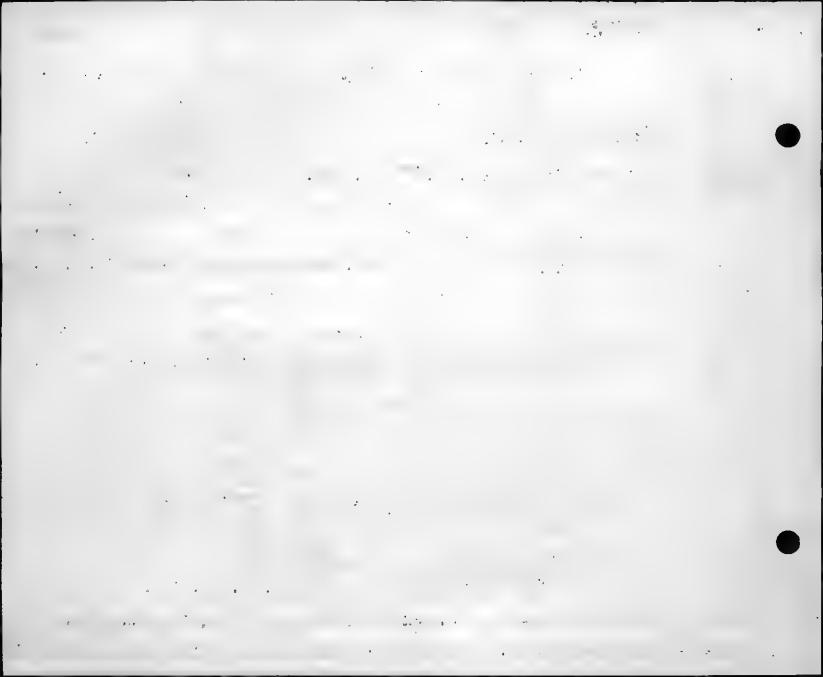
23b. DATE

5-22-68

LEVINSON & BROS. 6010 REISTERSTOWN ROAD

23o. BURIAL, CREMATION

FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Middle DECEASED NAME law requires that the death certificate be executed within 24 haurs after death. (Type or print) 4. RACE FEMALE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? burial, cremation, or removol, and in any event, within 72 h signed by the attending physician and completely filled in burial-transit permit. Then please remove carbon papers WIDOWED THE 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION of part in hospital give street oddress) MEDICAL GREATER BALTIMORE/CENTER BALTIMORE 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 14. EATHER'S NAME Middle GEORGE ASEMAN 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 215-03-8305 Yes, no ar unknown).

CERTIFICATE OF DEATH 2o. DATE OF DEATH 2b. HOUR 9. COUNTY OF DEATH

8. MARRIED NEVER MARRIED ALTIMORYE DIVORCED [7] 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY HOUSE WIFE 13e STREET AND NUMBER
3117 FERNDALE AVENUE 13d INSIDE CIDMEMITS? YES IS, MOTHER'S MAIDEN NAME First 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) cardiorasclar disease 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH2 YES Z NO [210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County

While Not while of work

State

(State)

22a. I certify that (I) (this haspital) attended the deceased fram 3//3, 1968, ta 3//8, 1968, that (I) (we) last saw the deceased alive an 1/6, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death 22b, SIGNATURE

22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS

DIRECTOR

22c DATE SIGNED

(County)

230 BURIAL, CREMATION, BROYA (STORY)

23b. DATE 5-22-68 23c. NAME OF CEMETERY OR CREMATORY Emory Methodist Cem

ADDRESS

23d LOCATION (City or Town) Westminster, Maryland

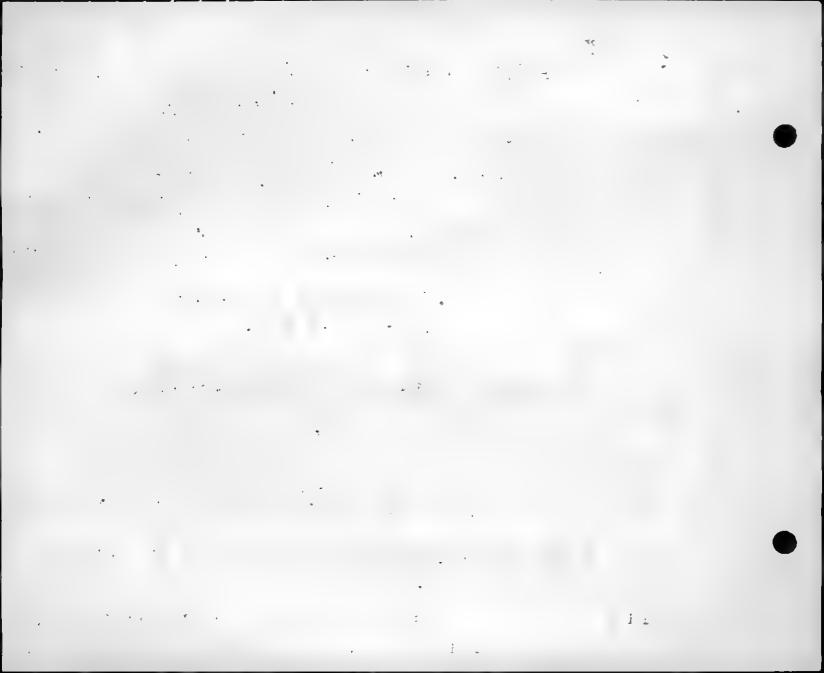
24. FUNERAL DIRECTOR

Ellsworth Armacost-4600 Liberty Hghts. Av e

25o. REC'D BY REGISTRAR MAY

2Sb REGISTRAR'S SIGNATURE

Page 4 may be retained by the haspital or attending hos been far use as the O FUNERAL DIRECTOR: After this certificate be detached should director, page 3 VR A15 444 30M REV. 1768

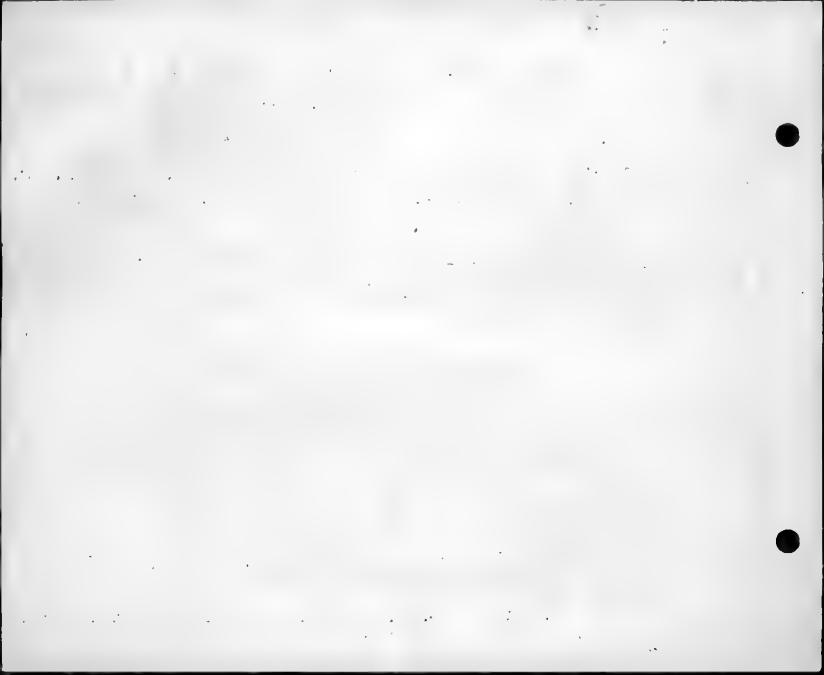




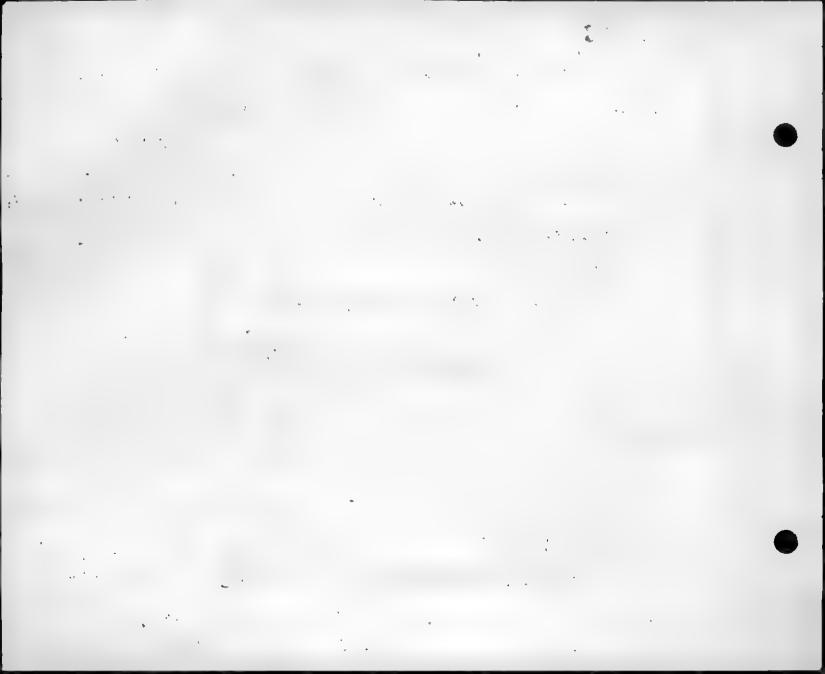
1 1	10	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE_	UE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Them#2a,Film#G401 MEDICALIEXAMINER'S CERTIFICATE OF DEATH	ಸ್ಟ್ ೧ ಕೃ
HEALTH DEPT.	1 D	DECEASED-NAME Frst Middle Lost 20 DATE KNOWN Month Doy	Yeor 2b HOUR
of ge of	1	(Type or Print) Florence C. Thompson	_
delay is and 3' to A3. Page	3 Si	SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF LMDER 1 YEAR IF UNDER 24 MRS 2c DATE PRONOUNCED DEAD loss birthdory) MONTHS DAYS HOURS MIN MONTHS DAY	2d HOUR
PM3.	L_	Female White 3-6-90 77 YRS 5 00 20	Year 19 68 A
3 7 7		BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH USA WIDOWED 7 DIVORCED Baltimore	
E SP		CITY OF TAXABLE PROPERTY OF HISTORY OF HISTO	KIND OF BUSINESS OR
hours after death Item 18. Give Pages 1, Office along with form Iond 2 with the Siria. It		Balto. Co. give street oddress osephs Hospital during most of working life even if retired) INDE	Home Home
s after de 18. Give F along w 2 with the		O USUAL KESIDENCE (Where deceased fixed, 1 Institution Residence before 130 CRT OR IOWN 130 MINUTED TRANSPORTED NUMBER	
ors of the control of		Md. Balto. 1 1927 Edgewood K	
	114 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle John Neasline Margaret Creamer	Lost
hin 24 nroll in niner's poges hours		o WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 212	34
	()	(Yes, no, quakrown) (If yes gave wer or dates of service) 090 05 4257 Mrs. Margaret Monaghan, 1925 Edg	ewood Rd.
		18 CAUSE OF DEATH (Enter on y one couse per line for (g) (b), and (c)) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rauld be executed word "pending" in the Chief Medical Erial-transit permit formy event within		IMMEDIATE CALSE (6)	13 Days
be ey "pen hief N ansit p		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	12 + 4/1
word b word the Chi		rise to immediate couse (a), storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	or pro-
		10st (c) tracture of Rt Tamoral Neck	13 Dack
certificate sh, writing the forwarded to used as a bu imoval, and ir		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
vertificate verting the rwarded the seed as a lead one and	No.	10 NAT OF OPERATION	20 AUTOPSY?
V . 5 5 E /	CERTIFICAT	WAS PERFORMED?	YES NO
The final liberal libe		The same of the sa	1) Family
rertif rertif nould les. shoulk	MEDICAL	CALSE OF DEATH 5 PM//dy 1968 Te-1/ON Floor OF OL	Mn Home
EXAMINER: tute the cert oge 4 should your files. Poge 3 should, cremation,	₹	WHILE NOT WHILE DOCTORY, office by Idad, etc)	unity State
		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	110Cly M
A X L P E		22a. I certify that I tack charge of the remains described above, held an Autopsy, Inspection, Inquiry, death resulted from: Natural causes, Accident, Suicide, Hamicide Undetermined manner	and in my apinial
ire G Sc		Chief Medical examiner	1
		SIGNATURE COLOR TENODENIC ASSISTANT MEDICAL EXAMINER 226 DATE SIGNE	ED // CE
		EXAMINER'S DEPUTY MEDICAL EXAMINER 3/70	168
o DEPL necesso the fun 5 moy 0 FUNE	230	NAME (Type) Charles F. O'Donnell N. D. ADDRESS(Street, city, town, or county) 30 BUR AL, CREMATON, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 .OCATION (City or Town) (Cour	nty) (Stote)
	200	REMODERATED 5-24-68 New Cathedral Cemetery Baltimore, Maryla	
101	24.	4 FUNERAL DIRECTOR ADDRESS 5 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNA	TIIDE
VR A15ME 10M REV 1 8		Johnson Funeral Home, 8521 Loch Raven Blvd. DATE MIA: 27 1968	240



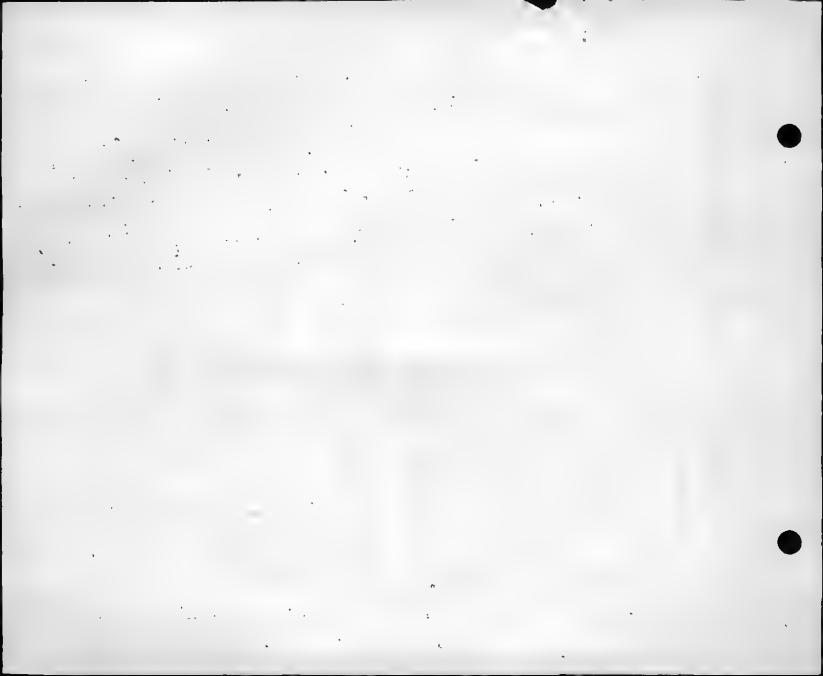
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36817 30006 CERTIFICATE OF DEATH DECEASED-NAME First M'ddle Lost 2a. DATE OF DEATH 2b HOUR (Type or print) Month Titlow Hugh R. A RACE IF UNDER 1 YEAR IF UNDER 24/HRS S DATE OF BIRTH 6. AGE (In years signed by the ottending physician and completely filled in by the 10 buriol-transit permit. Then please remove carbon papers. Pages-1 burial, cremation, or removal, and in any event, within 72 hours after 3 SEX requires that the deoth certificate be executed within 24 hours after lost bathdoy) DAYS HOURS Dec. 1. 1881 white male YRS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED [X] NEVER MARRIED country) Ral timore U.S. WIDOWED F DIVORCED ! Md. ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Catonsville personnel asst. Univ. of Md. 134 INSIDE CITY (IMITS? 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before USE CITY OR TOWN odmission) STATE 13b COUNTY YES TO Pr. Geo. Hyattsvill NO 🗔 1203 Van Buren Street Md. Middle 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Titlow Charles 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) STATE HOSPITAL 220-34-3279 Records: SPRING GROVE 18. CAUSE OF DEATH (Enter only one couse per line for (δ) 4b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSECUENCE OF Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse be retoined by the hospital or attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the prior to has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES 🔀 NO [O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) PM. (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County Stote City or Town While Not while ot work 22a. I certify that (X) (this haspital) attended the deceased from Jan. 9, 19.08, ta Multiple 19.05 that (I) (we) last saw the deceased alive an 19.05, and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated above. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. 22e, ADDRESS SPRING GROVE STATE ro HOSPITAL Poge 4 may b PHYSICIAN'S NAME (Type) 21228 Paltimore, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE (County) 230 BURIAL, CREMATION, Bu RENGYAL (Specify) 5/8/68 Washington National Suitland P.G. Md. 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 4739 Bette. and



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. and 2 death. funeral 1 and ype or print) ofter 4. RACE S. DATE OF BIRTH 6. AGE (In years F UNCER I YEAR IF JNDER 24 HRS last buthday) OAYS MONTHS 7a. BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 17b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED the attending physician and campletely filled sit permit. Then please remave carban pap vurial-rransir permit. Then please remave carban pap burial, crematian, ar removal, and in any event, within? 10. CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY give street address during most of working life, even if retired) 13a JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CUPY OR 13d. INSIDE CITY LWHTS? 13e STREET AND NUMBER 13b. COUNTY YES NO 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardioresspiratory signed by the burial-transit p Conditions, if any, which gave t nse to immediate cause (a), Myocardial infarction physician stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retained by the haspital ar attending has been d far use as the af Health priar ta CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING NO X CAUSES OF DEATH? YES 🗍 detached far use this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREEY, FACTORY,) 21f. LOCATION Street or R.F.D. No. directar, page 3 shauld be detache shauld be filed with the State Dept 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at work OFFICE BUILDING FTC Page 4 may be retained by the OFUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from 3 - 15, 1968, to 5 - 2 saw the deceased alive an 5-22-1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) ADDRESS 2So REC'D BY REGISTRAR 25b. REGISTRAR SIGNATURE 24 FUNERAL DIRECTOR 30M REV



		·	[te	em 18 film 402 7-10-68 MARYLAND STATE DEPARTMENT OF HEALTH
_	do	/		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
				CERTIFICATE OF DEATH
ath.	美			CEASED-NAME First Meddle Lost 2a. DATE OF DEATH 2b. HOUR
r de	unero and ar det	ŀ	3. SE:	4. RACE S DAJY OF BIRTH 6. AGE (In years FUNDER 14 HRS.
of the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ı		MAIC White 1-20-99 last bathody) yrs. MONTHS DAYS HOLES M.N.
taw requires that the death certificate be executed within 24 haurs after death adina physician.			7o. B caun	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 1
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cuted	signed by the attending physician and campletely filled burial-transit permit. Then please remave carban pap burial, crematian, ar remaval, and in any event, within 7	13	admi:	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13x CITY OR TOWN 13b INSIDE CITY LIM 157 13b. STREET AND NUMBER 13b. COUNTY BAILD. BAHON DR. 3722 LOPheary Dr.
e exe	and c remo		14. F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
ıte b	cian ease and i	- 1		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Was ROSE JA INGRED Address DELLA VICTORIAN DELLA ROSE JA INGREDIA ADDRESS DELLA VICTORIAN DELLA VICTORIA VI
†ifice	ohysi n pl val,		Υ.	3722- Luchsand Durz - David 12:1307
h cel	Ing F			1B. CAUSE OF DEATH (Enter only one cause per line to; (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:
deat	mit.			IMMEDIATE CAUSE (c)
the	e at Per Itian			DUE TO, OR AS A CONSEQUÊNCE OF Conditions, if any, which gave) Diabetic Acidosis
hat	y th anside			rise to immediate cause (o). Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
aquires the physician.	ed b al-tro			lost. (c) Cerebrovascular accident (Thrombosis)
aquir	sign burit			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
w re	s been as the oriar ta		NO	100)
he la	icate has been far use as the Health priar ta	X	CERTIFICATION	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
N. T.	cate ho ar use Health		CERT	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)
ICIA pital	af H		MEDICAL	□DR COMTRIBJTING □CAUSE DE DEATH (If either, notify medical examiner) P.M. 19
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital as attending	After this certi be detached State Dept. a			21d. INJURY OCCURRED While Not while at work at work at work. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stole at work.
NG PA	fter be d State			22g, certify that (1) (this haspital) attended the deceased from 1964, ta 4 -13 1968, that (1) (we) ta
TEND	SR: A			saw the deceased alive an, and that in (my) (eur) applican death accurred on the date and hour and from the causes stated abave ((i)) (we) (did) (did not) view the body ofter death.
R AT	S Spire Signature Signatu			22b. SIGNATURE DEGREE ATTENDING MED. STAFF 22c DATE SIGNED
		,		DEGREE PHYS DIRECTOR PHYS DIRECTOR PHYS 22d PHYSICIAN'S 22d PHYSICIAN'S
SPIT/	Gr, p			NAME (Type) V. R. DUNTO YO N
O HO	O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for usely and be filed with the State Dept. af Healt		23a.	BUR AL CREMATION, 23b. DATE Sold Sold Sold Sold Sold Sold Sold Sold
	VR A15.0	88 V	24.	FUNERAL DIRECTOR BYESS FOR STARS SIGNATURE ADDRESS TO STARS SIGNATURE DATE MAY 17 188 Clarify Sudar
				TO TO THE LOCAL DATE OF THE PARTY OF THE PAR



20820 eral Ind 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages shauld be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 12 h

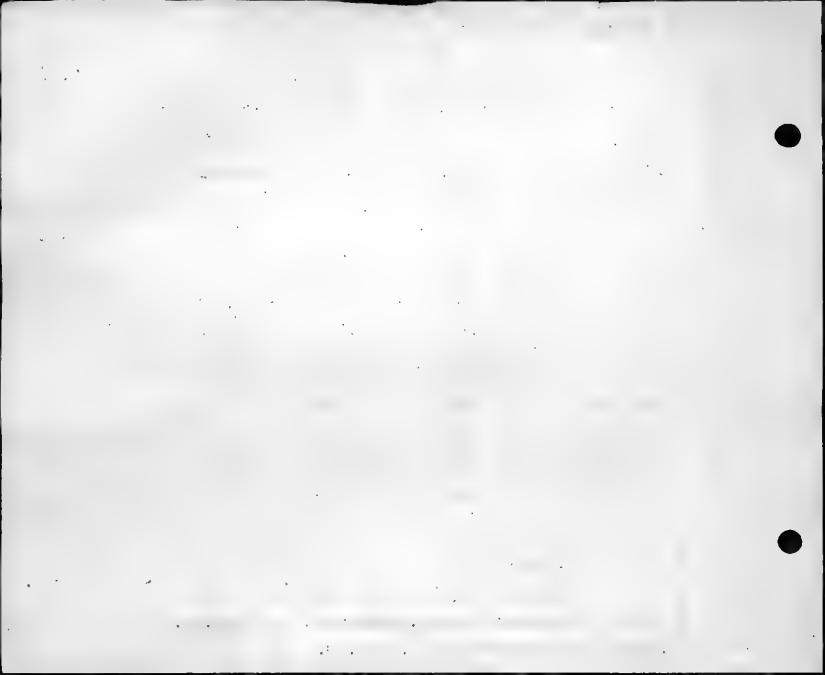
VR A15 44 30M REV 1/68

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	o C O A W		(ERTIFICA	ATE OF	DEATH				324	
	A A	irst	Middle	1	Last	2а.	DATE OF DEATH Manth	n Day	Yeor	2b. HOUR	
		harles		Ļ		N	<u> </u>	14	68	8.40 AM	
3. SE	X	4. RACE	_]:	S. DATE OF BI	RTH	6 AGE (I last birt	hday)	TF JINDER 1 YEAR MONTHS GAYS	IF UNDER 24 HRS. HOURS MIN.	
	Male	W			12-		6				
7a. E cour	BIRTHPLACE (State or foreign	7b. CITIZEN OF WH	IAT COUNTRY?	^{8.} Married [NEVER MAR	KIEUL	INTY OF DEATH				
	Maguland	USF		WIDOWED	n-i		altimo			Md	
10. (ITY OR TOWN OF DEATH		AME OF HOSPITAL OR INS street address)	TITUTION (If no:	in hospital		UPATION (Kind of a		12b. KIND OF E	BUSINESS OR	
C	alonsville		FOREST Hay	EN NURS			working life, even				
i3o. odmi	USUAL RESIDENCE (Where de ssian) STATE	ceased lived, if institution is a second sec				YES NO	13e STREET AND		-		
	1 KIALI	and		Button			161 5 m		21		
4. F	ATHER'S NAME First	Middle	Last	15.	MOTHERS MA	AIDEN NAME First		Middle	1	Last	
	Char	Lea D	Und	len		11/0	RRL		Ga	usby	
	was deceased ever in u.s. es, no, or unknown) [[Illyes]	ARMED FORCES? give war or dates of service)	16b SOCIAL SECURITY N		FORMANT	0	1	Address	1 1	1 9/31m	
	Y 25		220-07-48		Lug	ENR. LONN	- MbM 3	15 INg		ATE INTERVAL	
	78. CAUSE OF DEATH (Ente	r anly one cause per lin	ne for (a), (b), and (c).)		•	,			BETWEEN ON	SET AND DEATH	
		MEDIATE CAUSE (a)	CI. R. G /1/2	emil-	5011	11 11/2/11/2	14 6. L. l.	1211			
	1700	•	S A CONSEQUENCE OF			/					
	Conditions, if any, which gove rise to immediate couse (a). (b) EMSMATASIS ENIMARY FLAGE										
	stating the underlying cau		AS A CONSEQUENCE OF	. ,							
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	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
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CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHI	ICH OPERATION WAS PER	RFORMED	20a. AUTO		20b. IF YES, WERE		NSIDERED IN CE	RTIFYING	
RTIE					AEZ 🗔						
	21 g. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF		FINJURY Manth Day Year	21c. HO	W INJURY OC	URRED (Enter natur	e of injury in Part	or Part 2, It	em 18.)		
MEDICAL	(If either, natify medical ex	raminer) P.M.	19								
W	21d. IN. JRY OCCURRED While reg Not while reg	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	TORY.) 21f. LOC	ATION Stree	rt ar R.F.D. No.	City or Tawn		County	State	
	While Nat while at wark										
	22a. 1 certify that (1) (this hospital) ottended the deceased from 12-12-, 1967, ta 5-74, 1968, that (1) (we) last saw the deceased alive an 3-73 1968, and that in (my) (our) opinion death occurred an the date and hour and from the										
	causes stated ab	ove, (I) (we) (did) I	(did nat) view the 1	unu بے جو یہ cody after d	eath.	y) (our) opinion	aeoin occurrea	an ine aoi	e ana nour a	ma iram ine	
	22b. SIGNATURE		10					22c. D.	ATE SIGNED		
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	22d. PHYSICIAN'S	6/6/	742 G		22e. ADD	RESS /	1	2 (/_/		
	NAME (Type)	sha Sha	un ma		٥١ ا	300 Edmo	inason 1	702. (alchsy	ille, Ma	
23a.		3b. DATE	23c NAME OF	CEMETERY OR C	REMATORY	23d.	LOCATION (City or	Tawn)	(Caunty)	(State)	
		lav 16.1968	Balto.	Nations	1 Cem.	Ba	lto. Md.				
	FUNERAL DIRECTOR		ADDRESS			2Sa. REC'D BY REGI	1 / 4000	REGISTRAR'S		upar.	
G.	Truman Schwa	b 3512 Fred	derick Ave.	Balto.	. Md.	DATE MIAI	T P 1900	1	- LOS X	7	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED-NAME First Middle Lost 20 DATE KNOWN - Month 2b HOUR ESTI (Type or Print) DEATH MATED 1968 12:4 3 10 JOHN RALPH WAGNER delay 6 AGE (n years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR 4. RACE S. DATE OF BIRTH and ast birthday) 191968 124 White YRS. Male 9. COUNTY OF DEATH MARR ED A THEVER MARRIED To BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? TOTE (ountry) in Item 18. Give Pogen 1, DIVORCED [WIDOWED [Baltimore with the Stot 11 NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 24 hours after deoth Examiner's Office along with 1 10. CITY OR TOWN OF DEATH define most at working life even if ret red | INDUSTRY give street oddress) 1822 Colmar Rd Woodlawn 13a. USUAL RES DENCE (Where deseosed lived if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER deoth odmission) STATE 13b. COUNTY YES MO NO 1822 Colmar Rd. Woodlawn land 2 Balton ofter Last 15. MOTHER'S MAIDEN NAME First Middle 4 FATHER'S NAME Margaret B. Stout David Wagner pages haurs 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS pencil be executed within (Yes no ar unknown) 216 16 8660 Gladys L. Warner 1822 Celmar Rd. File 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) RETWEEN ONSET AND DEATH permit. be forwarded to the Chief Medical PART I DEATH WAS CAUSED BY. Gunshot wound of the brain IMMEDIATE CAUSE (o) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, nsed 20. AUTOPSY? 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [NOX.X pe 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 3 should 4 should PR MARY TOR CONTRIBUTING HOUR A.M crematian, Subject shot himself in the head SICAL EXAMINER: 19 68 CAUSE OF BEATH 21f LOCATION Street or R.F.D. No. City or Town 21d NIURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, factory, office building, etc.) FUNERAL DIRECTOR: Poge AT WORK AT WORK 1822 Colmar Rd. Home 22a | certify, that I taak charge of the remains described above, held an Autapsy Inspection XX Inquiry (and in my apinian Accident Suicide XX. Undetermined manner Hamicide death resurred from Natural causes | 1 CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MED CAL EXAMINER the funerol TO DEPUTY May 22, 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** lealth NAME (Type) ADDRESS(Street, city, town, or county) Edward F. Wilson, M.D. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23a BURIAL CREMATION. 23b. DATE (State) 5-27-1968 Baltimere National Frederick Rd. Baltimere M 25a RECD, BY, REGISTRAR 25b REGISTRAR'S SIGNATURE EUNERAL DURECTOR 301 Frederick Rd. 28 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

WIDOWED [

Rosedale

Probable coronary occlusion

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CORDS,	301	**.	LVESIA	H 31K	CCI,	DALIIM
1	CEDI	1211	CATE	OF I	NE A	TH

DECEASED-NAME Middle 2a. DATE OF DEATH First Last 2b HOUR P (Type or print) Patsv B. Walker Mav 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR 6. AGE (in years Female last birthday) White MONTHS Dec. 21, 1912 70 BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [NEVER MARRIED [Baltimore U. S. A.

west Virginia IO, CITY OR TOWN OF DEATH Rosedale

11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital Avenue 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN

Last

12a. USUAL DCCUPATION (Kind of work done during most of working life, even if retired | INDUSTRY | Inspector Distillery Works 13d. NSIDE CITY LIMITS? 13e STREET AND NUMBER

NO 😾

1412 Spring Avenue

12b KIND OF BUSINESS OR

Last

admission) STATE Maryland 13b COUNT Baltimore 14. FATHER'S NAME Jasper

Dugger 16b. SOCIAL SECURITY NO.

Rachel 17 INFORMANT (Husband)

IS. MOTHER'S MAIDEN NAME First

YES [

DIVORCED [

Sparks Address Rosedale, Md.

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give wat or dates all service)

214-22-8850

Mr. Earl W. Walker, 1412 Spring Ave. BETWEEN ONSET AND GEATH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: Probable ProbableConditions, if only, which gave) rise to immediate cause (a). stating the underlying cause

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

Middle

N.

severe arterioselerotic cardiovascular disease

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a, DATE OF OPERATION

CERTIFICATION

pi.

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES [NO 🔼 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HDUR A.M. (If either, natify medical examiner)

Manth Day Year

21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

19 64 to 5-20

Baltimore, Md.

21d. INJURY OCCURRED While Nat while at wark

21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No.

W. H. Townshend Jr.

PHYS

22e. ADDRESS

City at Tawn

County State

19 68 , that (I) (12 lost

22a. I certify that (I) (this hospital) attended the deceased from 19 04, to 5-20, 19 08, that (I) (W) lost sow the deceased alive on 4-30- 19 08, and that in (my) (o) opinion death occurred on the date and hour and from the couses stated above, (I) (We) (NG) (did not) view the body after death. 22b. SIGNATURE

DEGREE

ATTENDING

MED. DIRECTOR

22d. PHYSICIAN'S NAME (Type) 23c. BURIAL, CREMATION,

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

M.D.

23d. LOCATION (City or Town)

(County) (State) Baltimore, Maryland

Burla (Specify) 24. FUNERAL DIRECTOR John J. Duda, 7922 Wise Ave. Dundalk. Md.

5/23/68

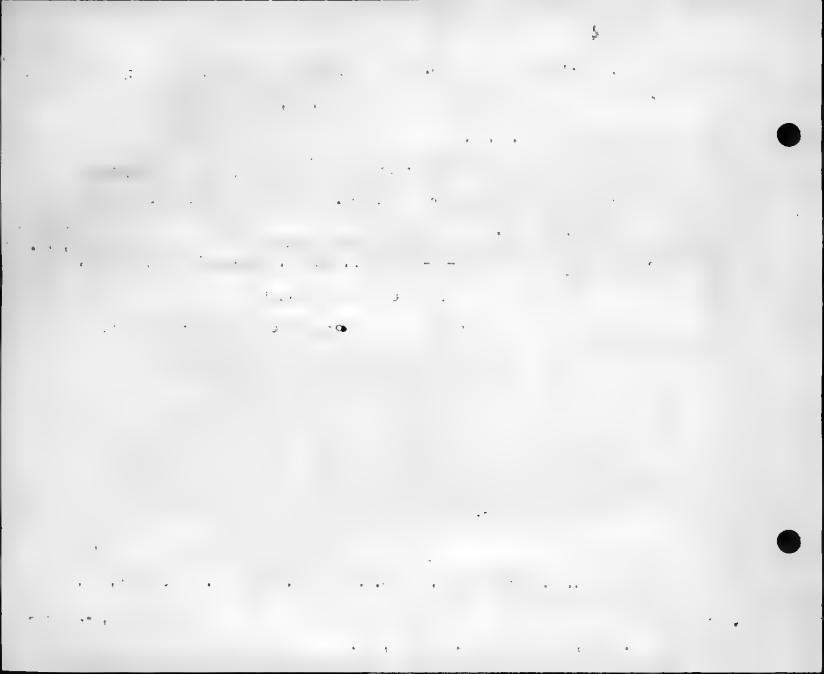
2Sa. REC'D BY REGISTRAR

14 E. Eager St.

25b. REGISTRAR'S SIGNATUR

24 hours after death. signed by the attending physician and completely filled burial-transit permit. Then please remove carbon pabe burial, cremation, or remove law requires that the death certificate be executed within far use os the f Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been be detached to State Dept. of director, page 3 should be filed v

funeral I and 2 er death.



O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely title in the funerol director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pages and 2 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 2 payers death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the hospitol or ottending physicion.

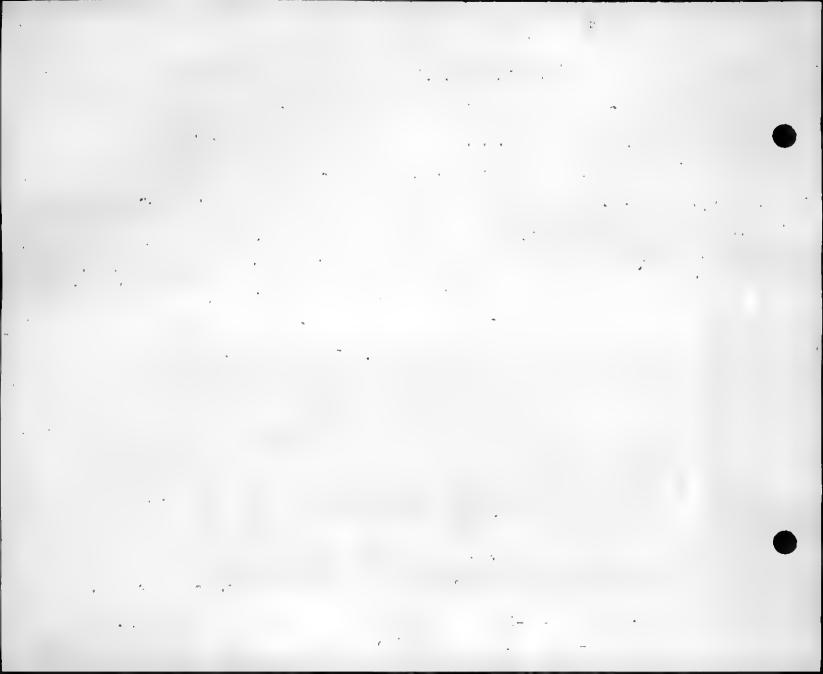
24 haurs ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W **CFRTIE**

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ICATE OF DEATH		16830
. PRESTON STREET, BALTI	MURE, MARYLAND 21201	

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Ī	DECEASED		First		Middle		Lost		2o. DATE	OF DEATH		2b. HOU	R
ı	(Type or	on triff	AN	NA MAY	WEBSTER					MAY 16.1	968 Yee	"	М
3	. SEX			4. RACE			S. DATE OF E	BIRTH		6. AGE (In years	IF UNDER 1 Y		HRS.
l	Fer	ale		1	White		May	5,1890		lost birthday) 78 YRS.	MUNING	ATS HUUKS A	AIPC.
	o. BIRTHPL country)	ICE (State or for	eign	7b. CITIZEN OF W	HAT COUNTRY?	B. MARRI	ED 🔲 NEVER MA	RRIED	9. COUNTY	OF DEATH			
Ľ		vland		U.S		WIDOW		ORCED _	B	altimore			Md
Ī	O. CITY OR	TOWN OF DEATH		11 1	NAME OF HOSPITAL OR IN street address)	STITUTION (If not in hospital	12o USI		ON (Kind of work done ng life, even if retired)		ID OF BUSINESS OR	
L		nsville			19D Montro	se Ma	nor Cou	rt R	eal Es	tate		Self.	
1	dmission)	RESIDENCE (Whe	re decease	ed lived, if institu	ition: Residence before	13c. CITY	OR TOWN	13d. INSIDE CITY		STREET AND NUMBER	3.5		
_	dmission)			136 COUNTY Ball	timore					9D Montrose	Mano	r Court	_
1	4 FATHER'S			Middle	Łost		15. MOTHER'S N	AAIDEN NAME	First	Middle		Lost	
L		Bradi						na R.	Amos				
	l6a, WASD Yes, no⊾o	CEASED EVER IN		ED FORCES? or or dates of service)	16b. SOCIAL SECURITY		7. INFORMANT			Address			
F	No						Mr. Albe	ert Ri	eh E	<u> Llicott Cit</u>		PROXIMATE INTERVAL	_
ı		<mark>USE OF DEATH</mark> ART I. DEATH WA			line for (a), (b), and (c)	1.)	B 0		_			VEEN ONSET AND DEATH	
ı		AKI I. UEKIII 197		TE CAUSE (o)	Value	ona-	Brule	-5-C					
ı	4		. 1		AS A CONSEQUENCE OF		Q-1	0 . 11	1: 110	ourless.			
L	rise to	ons, if ony, whi immediate co	ch gove (// "(b)		Bille	· · ·	Carro	1/20	2			
ı		the underlyin		DUE TO, OR	AS A CONSEQUENCE OF	year.	2 5/2	e Co	0 (1)	en mi			
ı		OTHER CICNIC	CANT CON	(c)	UTING TO DEATH BUT N	POT BELATER	TO THE TERMIN	AL DISTASS OF	CONDITION C	VEN IN DAOT I(a)			_
l	FARI	OTHER SIGNIF	CHI CON	DITIONS CONTRIB	DIING TO DEATH BUT N	IOI KELAIEL	TO THE TERMINA	AL DISCASE OF	CONDITION O	PEN IN PART I(0)			
l	19a DA	TE OF OPERATION	1 19b. 0	ONDITION FOR W	HICH OPERATION WAS PE	REFORMED	20a. AUT	OPSY?	20b.	IF YES. WERE FINDINGS	CONSIDERED	IN CERTIFYING	_
۱	25						YES		CALL	SES OF DEATH?			
		CIDENT WAS U	NDERLYIN	G 216 TIME C	OF INJURY	21c	-			njury in Port 1 or Port 2,	Item 18.)		
ı		ONTRIBUTING CA			. Month Day Year	9					,		
l		UURY OCCURRED	21e.		(AY HOME FARM, STREET, FA OFFICE BUILDING, EFC.		LOCATION Stre	et or R.F.D N	o. (ity or Town	County	State	,
ı	While at work	Not while E]		OFFICE BUILDING, EFC.	- 1				10.	, ,		
l			(I) (thi	s haspital}) at	tended the deceas	ed, fram	nu	, 192	, to_	h accurred on the d	5-4	hat (I) (we)	lasi
ı	5	aw the dece	ased al	ive on	ac 16	19 <i>25</i>	and that in {n	ny) (aur) op	pinion deat	h accurred on the d	ate and ho	aur and fram	the
Į		SNATURE	addave	, (1) (we) {aia) (did not) view the	расу ат	er death.			220	DATÉ SIGNEI	D.e.	_
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l	22d. P	HYSICIAN'S	4 //	7,,0			22e. AD		DIRECTOR -	rnis.	14 5/	<u> </u>	_
١	N	AMF (Type)	r, P	aul L. H	yerly		58	320 You	k Rd.	BAltimore	. Md.		
1	30 BURIA	, CREMATION,	23b D	ATE	23c. NAME OF	CEMETERY	OR CREMATORY			TION (City or Town)	(Caunty)	(Stote)	
1	REMOV	AL (Specify)	5	-20-68	Green	3. Mou	nt.			Baltimore.	M_rv3	. ,	
1	24 FLINERA	DIRECTOR			ADDRESS			2Sa. REC'D	BY REGISTRAR	25b REGISTRAR	S SIGNATURE		
1	Higin	bothom-	STac	k Funera	al Home El.	TICOL	c cicy,	DATE	MAY 2 9) 1968 <i>(C</i>	liarle	1 xuege	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	ما داد د	C M		Ċ	ERTIFICA	TE OF DEATH				2000	31
	ECEASED-NAME		First	Middle		Last	2a. 1	DATE OF DEATH	Dev	V 4	2b. HOUR
Ľ	(ype ar print)	170	MAN	LEW !	5 W	INBLAT	7 1	VER Month	1 Roay	1969	M
3. SI			4 RACE			DATE OF BIRTH		6. AGE (In y last birthdo	ears IF		HOURS MIN.
	MAI			BITIH		Aug 20,		12 74	YRS.	JAIL J	JAN.
7a.	BIRTHPLACE (Sto	te ar fareign	7b. CITIZEN OF WI		8 MARRIED [NEVER MARRIED	9. COU	NTY OF DEATH			
	Ka	5510		S.Q.	MIDOMED	DIVORCED		138rt	OMI	RE	Md
	CITY OR TOWN (AME OF HOSPITAL OR INST street address)	ITUTION (If nat i			JPATION (Kind of war vorking life, even if r		12b KIND OF BU	ISINESS OR
	385			3311 h	EF C	1 3	5 RL	ESMAN			
13a adm	USUAL RESIDEN Ission) STATE	ICE (Where de	ceased lived, it institut I3b COUNTY	ion: Residence befare		- Ver - L	LIMITS?	13e STREET AND NUI			0
14	TATUETUS NAME	-0		THETO		- (0)	0/			UDALE	HVE
14.	FATHER'S NAME	First	Middle	Last	12. 1	NOTHERS MAIDEN NAME	First	N	A ddle		Last
160	WAS DECEASED		ARMED FORCES?	16b, SOCIAL SECURITY N	O. 17 INF	ELDA		À	ddress		
	les, no, ar unkno	IWD) (H yes	give war or dates at service)	214-05-3		IS MEYER	GVI			EE Z	
H	N C				10111	1,	O X	AHO 33		APPROXIMA	TE INTERVAL
		DEATH WAS CA	AUSED BY	ne for (a), (b), and (c).)	-(1/)	Son as	2 .	1		BETWEEN ONS	ET AND DEATH
1	15%	J 100	AEDIATE CAUSE (a)	A CONCEDENCE OF	10	110,2011	(Comp	They		1	
	Conditions, if	ony, which go		AS A CONSEQUENCE OF				0			
	rise ta imme			AS A CONSEQUENCE OF	1					1	
	stating the u	naeriying tai	(c)								
	PART 2 OTHE	R SIGNIFICANT		TING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE OR	CONDITIO	ON GIVEN IN PART 1(a)	-	
z	1										
CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDITION FOR WI	IICH OPERATION WAS PER	FORMED	20a. AUTOPSY?		20b 1F YES, WERE FI	NDINGS CONS	SIDERED IN CER	TIFYING
RIF						YES NO	1	CAUSES OF DEATH?			
	2Ta. ACCIDEN		12.0		21c HOW	INJURY OCCURRED (Ent	ter nature	af injury in Part ! o	r Part 2, Iten	n 18.}	
MEDICAL	(If either, not	ify medical ex	caminer) P.M.	19							
Ξ	21d INJURY (While No	CCURRED	21e PLACE OF INJURY	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	DRY.) 21f. LOCA	TION Street or R.F.D. N	0.	City or Town	•	County	State
	at work of	work 🗀					_/		1	///	
	22a. I cert	i fy that (I)	(this haspital) att	ended the decease	d from	hat in (my) (eer) as		to 11/19/1	<u>, 19_<i>U</i></u>	that (l) (we) last
	couse	s stated ab	ave, (I) (we)(did)	(did not) view the b	ady after de	nar in (my) (aa r) a _k ath.	pillion C	seam accurred an	ille uble	alla ilaal al	ia irani ille
	22b SIGNATUR		1 / /				OED.	. CTAFF	22c. DAT	E SIGNED	101
	1/4	19801	~ / 2/0	res	DEGREE	ATTENDING PHYS	DIRECTOR	STAFF PHYS.	9/1	5/8/	461
	22d PHYSICIA NAME (T	N'S 7	· 1 B	100	c	22e. ADDRESS	1.0	110 11	11	,	
		1/42	41111	UNLD 3-	>	1129 1111 R	16	myh	5 4	<u> </u>	
230	BUR AL, CREMI REMOVAL (Spe		23b. DATE	23c NAME OF C			23d	LOCATION (City or To	wn) ((Caunty)	(Stote)
24	FUNERAL DIREC	ايحيا	17/ay 14,	ADDRESS		She Kolk	DA DECIG	STOAD JOB DEC	GISTRAR'S SIG	L ATUDE	4/05
24.	Sylve	<u></u> 5-,	Lains & S		9610	150		2 1 1968	4 - 4	res Ja	dec.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled, director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban page shauld be filed with the State Dept. at Health priar ta burial, cremation, ar remaval, and in any event, within 7.2. VR ATS (4) 30M REV, 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

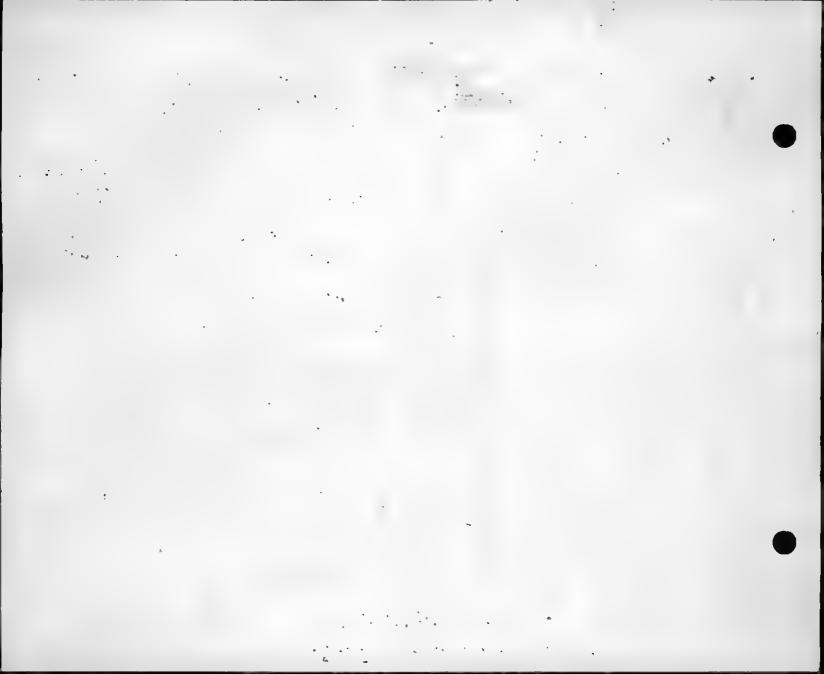
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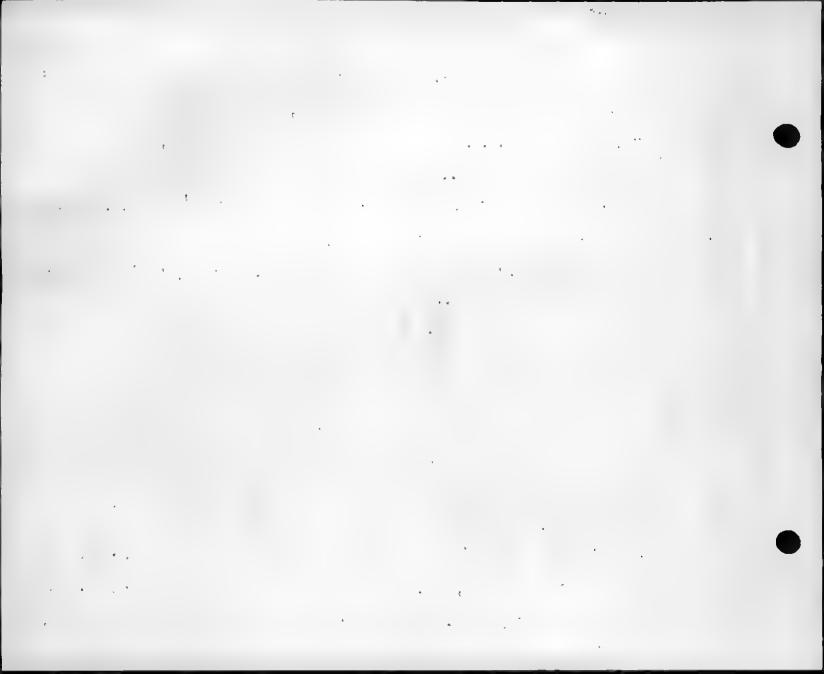
377



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH . Middle 20 DATE OF DEATH 2b. HOUR DECEASED-NAME First death. MARD (Type or print) **Adurs** after 3. SEX 4 RACE S. DATE OF BIRTH lost birthdoy) MONTHS 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED [crematian, ar remaval, and in any event, within 72 filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 10 CITY OR TOWN OF DEATH 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) (diving mast of working life, even if retired) the attending physician una comparation of carban corners to marmit. Then please remove carban BALTIMORE GREATERBALTIMORE WATCHMAKING 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY JMITS? 338 STREET AND NUMBER 13c. CITY OR TOWN requires that the death certificate be executed odmissian) STATE MARYLAND 14. FATHER S NAME Lost IS, MOTHER'S MAIDEN NAME First WEISS MICHAEL 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address MRS Yes, na, ar unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: INTRACEREBRAL HEHORLHAGE IMMEDIATE CAUSE (a) Conditions, if ony, which gave) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by physician. stoting the underlying cause burial, lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) priar tal be retained by the haspital ar attending O FUNERAL DIRECTOR; After this certificate has been 190. DATE OF OPERATION 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? EERIE CAUSES OF DEATH? NO ed far use af Health r 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical exominer) P.M. AT HOME, FARM, STREET, FACTORY 21d INTURY OCCURRED 21e. PLACE OF INJURY 1 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a, I certify that (1) (this haspital) attended the deceased from... _1968, and that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased alive an... director, page 3 shauld shauld be filed with the causes stoted above, (1) (we) (did) (did) not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS Page 4 may 22d. HYSICIAN'S 22e. ADDRESS GREATER BALTIMORE MEDICAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATOR: 23d. LOCATION (City or Town)-(State) 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL-DIRECTOR 30M REV, 1/68



	-	1	03326	MARYLANI DIVISION OF VITAL RECORDS, :	STATE DEPARTMENT O		
*			Item#16,Film#G!	LOT 6/2/48 1- C	ERTIFICATE OF DEAT		10.1
1	~ .	-	DECEASED-NAME First	Middle	last	2g. DATE OF DEATH	2b. HOUR
1	aurs after death	- ['	(Type or print)			Month Do	YeorA
7	P 20 45	3	GRAC GRAC	CE S.	S. DATE OF BIRTH	MAY 20.	1968 F:55 M
	after after	ľ				last bythday)	MONTHS DAYS HOURS MIN.
_	habe a second	70	FEMALE BIRTHPLACE (State or foreign 7)	WHITE 7b. CITIZEN OF WHAT COUNTRY?	MAY 19 1 B. MARRIED NEVER MARRIED	922 46 YRS. 9 COUNTY OF DEATH	
	9 55		untry) MARYLAND		WIDOWED TO DIVORCED		is a
	vithin 24 tilled is on pages within 72	10	CITY OR TOWN OF DEATH	U.S.A.	ITUTION (If not in hospital 12a	BALTIMORE USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
,	長馬が	8	TORSON	give street address)	PH HOSPITAL durin	g mast of working life, even if retired.) HOMEMAKER	INDUSTRY
	d w letel	13		d lived, if institution: Residence before	13c, CITY OR TOWN 13d INSIDE		
	urter mpl ve c ever		mission) STATE MARYTAND	13b COUNTY Balto.	Towson YES	NO DOLESTITE A	אדר ברי ידע
	d co	1 14	FATHER'S NAME First	Middle Last	IS. MOTHER S MAIDEN NAM		Last
	be i		"illiam	F. Schwarz		d'anna	Conklin
	icate be executed visition and campleting and in any event, and in any event,	14	o. WAS DECEASED EVER IN U.S. ARME		D. 17 INFORMANT	Address	
	hysi val,]	Yes, not or unknown) (If yes gove wor	4/1//// b///b//b	166 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n 100 Les	lie Avenue
	PHYSICIAN: The law requires that the death certificate be executed within 24 e haspital ar attending physician. It is certificate has been signed by the attending physician and campletely filled stached far use as the burial-transit permit. Then please remarve carban pepel Dept. of Health priar to burial, crematian, or remarval, and in any event, within 72		IB. CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c).)			APPROXIMATE INTERVALE BETWEEN ONSET AND GEATH
	aff indir	- 1	PART I. DEATH WAS CAUSED IMMEDIATI	BY: E CAUSE (a) <u>CARCTNOMA</u> O	E THE COLOR		
	e de atte	- 1	153.8	DUE TO, OR AS A CONSEQUENCE OF	(Instruction		
	the sit in		Conditions, if any, which gave a rise to immediate cause (o).	(b) UNDETERMINED	NO OF		
	tha by ran		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
	equires that the d physician. signed by the att burial-transit perr burial, crematian,		last.	(c)			
	Physical Purification of the Physical P	-	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
	The law ratending has been se as the the priar ta	3	5 / 2 2				
	e la tend as b as prid	2	19a. DATE OF OPERATION 19b CO	ONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	SICIAN: The law rec sprial ar attending partificate has been s ed far use as the bed far use as the b	2	210 ACCIDENT WAS UNDERLYING	LOS TIME OF MINDY) Xi	
	AN: al a al a icat icat far far Hea			HOUR A.M. Month Day Year	216 HOW INJURY OCCURRED {	Enter nature of injury in Part 1 or Part 2,	Item 18.)
	SICI Sput Sput Sertif Fed T. of	1000	If either, natify medical examine	or) P.M. 19	DEATH OF THE PROPERTY OF THE P	No. Chara Tour	Court Chata
	PHY by ha is c tach tach	- 1	While Nat while at work	LACE OF INJURY (AT HOME, FARM, STREET, FACTO	DRY.) 21f. LOCATION Street or R.F.D	. Na. City or Town	County State
	de de la fermante de la fermante la ferman		at work at wark	hasaital\ attanded the decease	from MAV 4	068 to MAY 20 10	58 thotafili (wa) last
	OR ATTENDING be retained by th IRECTOR: After the 3 shauld be de		sow the deceased olu	ve on MAY 20 19	68, and that in (ally) (our)	9 <u>68</u> , to <u>MAY 20</u> , 19 opinion deoth occurred on the do	ote and hour and from the
	A the state of the		couses stoted obove,	(I) (we) (did) (did not) view the b	ody ofter deoth.	<u> </u>	
	SECT PER SECTION OF SE		22b SIGNATURE	B Saulus	M & ATTENDING	MED STAFF war by	DATE SIGNED AY 20, 1968
	De De De Ge	-	22d. PHYSICIAN'S	Con por	DEGREE PHYS. L	DIRECTOR PHYS. XX M.	A1 20, 1900
	May RAI	7	NAME (Type)	O CARTIDOC M D		YORK ROAD TOWSO	N. MD. #21204
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspiral ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transfarould be filled with the State Dept. af Health priar to burial, cre	2	ARTURO BURIAL CREMATION, 23b DA		EMETERY OR CREMATORY	23d. ŁOCATION (City ar Town)	
	5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.	DEMONIAL (Compile)				(County) (State)
		2	- ITLAL 5-2	3-1968 Paltime ADDRESS	te Nat! Cemetor	'O' BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 25 HOUR A law requires that the death certificate be executed within 24 haurs after death (Type or print) Month Glenna Wells May 3. SEX S. DATE OF BIRTH 6. AGE (In years last bietheay) female white October 27, 1884 70 BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED X Springfield, Ohio physician and campletely filled in DIVORCED U.S.A. WIDOWED TO Raltimore 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 25 KIND OF BUSINESS OR give street oddress) Towson Nursing Home school teacher Education signed by the attending physician and campletely f burial-transit permit Then please remave carban Towson Dulanev 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Maryl and YES X Reisterstown 17 Aldyth Avenue ar remayal, and in any Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Wells Gridlev Wells Harmon Laura Address Balto 21204 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, or unknown) none Dulaney Towson Nursing Home, 111 West Road 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE Canditions, If any, which gave rise to immediate couse (a), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 20n. AUTOPSY? 19a DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 7207 (121c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M 2233261 PM (If either, natify medical examiner) AT HOME, FARM, STREET, FACTORY, 1 211 LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work shauld causes stated abave, (1) (we) (did) (did nat) view the bady after death. director, page 3 sha shauld be filed with 22b. SIGNATURI 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. DEGREE PHYS 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL, CREMATION 1968 Fort Lincoln Cremetory Washington 24. FUNERAL DIRECTOR 25b. REGISTRAR'S, SIGNATURE

Owings Mills, Md.

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

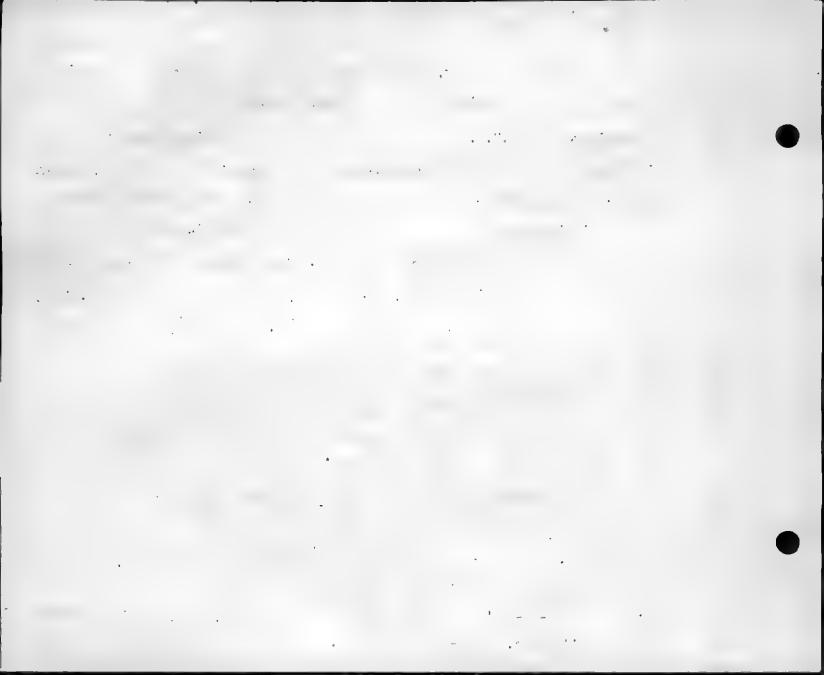
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X T	DECEASED-NAM				M.ddle		Last		2a. DATE	OF DEATH	-Davi	-Yanz e	2b HOU	R
	(Type or print)	MAR	Y	I	<u>.</u>	W	ELLS			May	-			М
	3. SEX Female		4. RACE	White			S. DATE OF B	5, 18	88	6. AGE (In	yeors yoy) YRS.	MONTHS OAYS		RS, I.N.
	o BIRTHPLACE (itate or foreign timore		OF WHAT COUN		WIDOWED		RRIED 🗌 RCED 🔲	9. COUNTY Bal	of DEATH timore	Coun	b y		Md.
	10. CITY OR TOW Balt:	more		1) NAME OF HO	Raymon	d Ave	กนอ	during m	usewii	ON (Kind af v ng life, even i E	f retired.)	12b. KIND O INDUSTRY CW23	OF BUSINESS OR Home	
-	130. USUAL RESIL	ENCE (Where dece	ised lived, if i	nstitution: Resid	dence before	13c. CITY OF	R TOWN	13d. INSIDE CITY . YES N		STREET AND A	ymond	Avenue	B	_
	14. FATHER S NAJ	Willia	m Haye		Lost		S. MOTHER'S M	AIDEN NAME		rine R	Middle umple		Last	
	Yes, naro uni	ED EVER IN U.S. AF (If yes give	MED FORCES? war or dates of san		THAL SECURITY N 5-18-43		Mrs.	George	e Lorb	er 3	Address 26 Cau		Island	Rd
		OF DEATH (Enter of DEATH WAS CAUS		0-	, (b), and (c).)	i L	east	Amel	t Cana				SMATE INTERVAL ONSET AND DEATH	
	4 / Conditions	if any, which gave	DUE TO	, OR AS A CON	SEQUENCE OF	, p'	Cal	Juan	. 0	levie				
	rise to imr	underlying cause	(0), OR AS A CON		argue.	Carr	0 000		<i>C</i> 34,	*			_
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	19a. DATE O	OPERATION 19	CONDITION F	OR WHICH OPER	ATION WAS PER	FORMED	20o. AUTO			1F YES WERE ISES OF DEATH		ONSIDERED IN	CERTIFYING	
	☐ OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF DE OTIFY Medical exam	ATH HOUR	IME OF INJURY A.M. Month P.M.	Doy Yeor	21c. H	OW INJURY OC	CURRED (Ente	er nature of i	njury in Port 1	or Part 2,	item 18.)		_
	₹ 21d INJUR	Y OCCURRED 21 Nat while at work	PLACE OF IN	JURY (AT HOME. DEFICE BU		ORY.) 21f L	OCATION Stre	et or R.F.D No). (ity or Town	1	County	State	
	22a. 1 ce saw cau	rtify that (I) (1 the deceased ses stated above	h is hospit al alive on re, (I) (*****)) ottended (did not	the decease 19 t) view the b	d from d / , an ady after	√ - 2 d thot in (m death.	<u>72</u> , 19 <u>.4</u> ny) (ap r) ap	5 <u>8</u> , to_ inion deat	h accurred	9, 19_ on the do	te ond hav	ot (I) (we) rand from	ast the
	22b. SIGNA	ouis &). 0-	lon	1	DEG!	(11) 0		MED. DIRECTOR	STAFF PHYS.	22، ا	DATE SIGNED	8	
	92d PHYSI NAME	(Type) LOUI		OLS		9		DRESS	<u>}</u>	55	- 2	1219		
	230. BURIAL, CRI BULLAL	pecify) (. DATE 5-11-19		Sacred				Ball		Count	y, Mar	yland	
	24. FUNERAL DI	RECTOR	- T	1001-	ADDRESS	town A	TAO.	25a. REC'D	BY REGISTRAF	10CD 25b	REGISTRAR'S	SIGNATURE	. 1.0	

VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYBICLAN: The law requires that the Beath certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type ar print) Year. Robert William Wheeler 3. SEX S. DATE OF BIRTH 6. AGE (In years 1F UNDER 1 YEAR last birthday) MONTHS male caucasian 24 hours 7b. CITIZEN OF WHAT COUNTRY? burial, crematian, ar remaval, and in any event, within 72 hau 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED campletely filled in WIDOWED [DIVORCED [Baltimore Maryland IO. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b, KIND OF BUSINESS OR requires that the death certificate be executed within GBMC during most of working life, even if retired) give street oddress) INDUSTRY attending physician and campletely f permit. Then please remave carban Raltimore Greater Balt Me 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Madical Rate clerk D 2-13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY 6 Center Road Ralto IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Last Clark Snowden Wheeler 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) Wm. Ress Wheeler, Baltimore, Md/ 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Persbad Vascular Disease signed by the burial-transit p Conditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending be detached far use as the State Dept. af Health prior ta has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2]c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.1) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) director, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State County City or Town While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1952, to May 20, 1968, that (I) (we) last saw the deceased alive an 1904, 1908, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Newland E. Day, M.D. 230 BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial LOrraine Ceme tery Woodlawn, Md. 1050 York Road Towson, Md. 21 24 FUNERAL DIRECTOR REGISTRANS SIGNATURE 2So. RECD, BY REGISTRAR Wm. Cook-Breeks Tewson,

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00008			(ERTIFIC	ATE OF	DEATH	·				38	
	DECEASED-NAME Type or print)	(hatt	ye .	Middle K.		White		20 DATE O	of Death 2y Manth 20,00	1 1 g	96 8	2b. HO	UR N
3. \$	Female		4 RACE	hite		S DATE OF B	er 1,	1883	6. AGE (In years last birthday) YRS.	MONTE		IF JNDER 24 HOURS	HRS. MJH,
	BIRTHPLACE (State or funtry) Port Roy		b. CITIZEN OF WH rginia	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MAR	RIED	9. COUNTY O Ba	timore				Md
	CITY OR TOWN OF DEAT	H	11. NA give s	ME OF HOSPITAL OR INS 1100-1-01-02-02-02-02-02-02-02-02-02-02-02-02-02-	Nursi	at in hospital ng Hom			N (Kind of wark done Be, even if retired)		b. KIND OF B Idustry	BUSINESS O	R
	USUAL RESIDENCE (WI- nission) STATE ///		lived, if institution 13b. CDUNTY	Dalto.	13c CITY OR		13d. INSIDE CITY U YES NO	IMITS? 13e. 1	STREET AND NUMBER 09 (entral	Av	e.		
14.		rst phan	\mathcal{B}_{ullet}	Rollie	ns 15	. MOTHERS M.	AIDEN NAME F	irst	Middle		Gibb.	Last A	
	a. WAS DECEASED EVER Yest na, ar unknown)		FORCES? or dates of service)	166. SOCIAL SECURITY I	NO. 17/2	nformant Sturi	nan Wh	ite !	Glyndon, M	d.			
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Augustural acritic aneurops DUE TO, OR AS A CONSEQUENCE OF										BETWEEN ON	ATE INTERVA- ISET AND DEA	Th
	Conditions, if any, which gave nose to immediate cause (o), stating the underlying cause last. 457 X												
2	Concerd			TING TO DEATH BUT N		THE TERMINA	L DISEASE OR						
CERTIFICATION	190. DATE OF OPERATION		ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUT(CAUS	IF YES, WERE FINDINGS ES OF DEATH?	CONSID	ERED IN CE	RTIFYING	
3	OR CONTRIBUTING	CAJSE OF DEATH	HOUR A.M.	Manth Day Year	9				jury in Part 1 or Part 2	, Item	18.)		
WED	21d. INJURY OCCURR While Not while	ED 21e. P	LACE OF INJURY	AT HOME, FARM, STREET FAI OFFICE BUILDING, ETC	1				ty or Town		ounty	Sto	
	saw the de	ceosed oli	ve on 46_	nded the decease	9.6.X, on	d that in√m	, 19.5 y) (our) ap	∑, to∠ inion death	occurred on the c	9 <u>48</u> Jate o	, that nd hour c	(I) (we and fran) las
	2014 CHEWATISDE		ckar		M. DEGR	D ATTENDI	NG 🔯 :	MED C	CTAPE	()	SIGNED Nay, 1	968	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in bidirector, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers of should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 ho Page 4 may be retained by the haspital or attending physician. VR A15 30M REV

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

The Togetal Poges I

Eline &

23a. BURIAL, CREMATION, SEMOVA (Specify) 23b DATE

Dr.J. Douglas Lockard

23c. NAME OF CEMETERY DR CREMATORY Druid Ridge
ADDRESS emetery

23d JOCAT ON (City or Jawn) Piresville, (County) Md.

(State)

FUNERAL DIRECTOR

PHYSICIAN'S P NAME (Type)

Reisterstown, Md.

250. RECD BY REGISTRAR

PHYS 22e. ADDRESS

> 1968 Fliantes 9



MARYLAND STATE DEPARTMENT OF HEALTH VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, M

		00032	DIVISION OF VITAL RECORD		TE OF DEATH	IMORE, MAKTLAND 212) S S 10 :01
222		CEASED-NAME First ype ar print) LILLLIAN	Middle	Wic	Lost	2a. DATE OF DEATH	2 HOUR 25 HOUR
after a start	3 \$	×F	4. RACE		June 10. 189	6. AGE (In year lost birthday)	
4 hour d in by sers. P 72 hour	can	ntry)	75. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF DEATH Baltimore Cou	nt.v Md.
within 2 sly filled son pop within	10.	Maryland ITY OR TOWN OF DEATH TOWSON	II, NAME OF HOSPITAL OR give street oddress) Chesposak	•	during mo	L OCCUPATION (Kind of work ost of working life, even if ret	done 12b. KIND OF BUSINESS OR
ond completely filled in remove carbon popers.	13a. odm	USUAL RESIDENCE (Where deceased issian) STATE	d lived, if institution: Residence before 13b. COUNTY	ire 13c, CITY OR TO	N SIST NO		sman Road
be exect on ond co	14.	ATHERS NAME First Henry Rede	Middle Loss	t IS N	MOTHERS MAIDEN NAME FI Louisa Gerke		ddle Last
rificate l hysician n please val, ond	16a	WAS DECEASED EVER IN U.S. ARME es, ne or unknown) (If yes give war	D FORCES? 165. SOCIAL SECURI 215-32-3		ormant s. Heward Ba	Add Arnes Sam	
requires that the death certificate be executed within 24 hours after 3 physicion. signed by the attending physician and completely filled in by the strain permit. Then please remove carbon popers. P gest burial, cremation, or removal, and in any event, within 72 hours discounsely.		PART 1. DEATH WAS CAUSED	E CAUSE (a)	AL HEI	MORKHAG	3/	APPROXIMATE INVERVAL BETWEEN ONSET AND GEATH MCNTW
hat the 1. y the at onsit per emation		Canditions, if ony, which gave isse to immediate couse (a),	(b) DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE				
physicion. physicion. signed by the burial-tronsit burial, cremal		stoting the underlying cause last PART 2. OTHER SIGNIFICANT COND	(¢)		HE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(6)	
tending post particular post peen si as the post prior to be	NOIL	(ONDITION FOR WHICH OPERATION WAS		20o, AUTOPSY?		DINGS CONSIDERED IN CERTIFYING
두 5 두 55 두 52	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING			YES NO 🗹	CAUSES OF DEATH?	
SICIAN, spital o ertificat ertificat for La for L. of Hec	MEDICAL (OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Manth Day Yo	8GF 19	•	. ,	
IG PHYSIC the hospi r this certi detached the Dept. o		at wark at wark	LACE OF INJURY (AT HOME, FARM, STREET OFFICE BUHLDING, ETC.		TION Street ar R F.D. Na.	1	Caunty State
ATTENDING PHYSICIAN: etained by the hospital or CTOR: After this certificate should be detached for a		saw the deceased ali- causes stated abave,	ve an	ased from, and the bady after dev	hat in (my) (eut) apirath.	nian death accurred an t	, 19. , that (i) (are) last the date and haur and fram the
L OR ATTENI be retained DIRECTOR: A ge 3 should iled with the		226 SIGNATURE	nisti	DEGREE		ED. STAFF IRECTOR PHYS.	27 MAY 68
TO HOSPITAL OR A Poge 4 moy be re TO FUNERAL DIREC director, poge 3 should be filed with the poge 1 should be filed with the poge 3 should be filed with the p		22d. PHYSICIAN'S NAME (Type)	SIMINSE!			PENNA. AU	
TO HO Poge direc	L		/31/68 Wes	of cemetery or cr tern Ceme	tery	23d LOCATION (City or Town Baltimere Man	ryland
JOM REV		FUNERAL DIRECTOR	ADDR		250. REC'D BY	9 1968 200	STRAR S SIGNATURE



	1	Item 18 film \$400 5-13268 MARYLAND STATE DEPARTMENT OF HEALTH	
	1	CERTIFICATE OF DEATH	
(A)	" -	CERTIFICATE OF DEATH). HOUR
8 M	\neg	(Type or print) CHARTES LITTER Month & Day Yeor	:10p
P	7	190012	DER 24 HRS.
after the ful ages 1 s after	٩]	Male White January 26, 1877 ost birthdoy) VRS. MONTRS DAYS HOUR	S Mile.
by Pc		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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requires that the Leath certificate basecuted within 24 hours after g physician. I signed by the attending physician and completely filled in by the first burial-transit permit. Then please remove corban papers. Pages a burial, cremation, or removal, and in any event, within 72 hours after	1	30. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c dry or jown 13d i	586
exe only only	1	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Los	st
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rate sicio plea f, on		60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If you give wor or doles of service) 16b SOCIAL SECURITY NO 215-32-9655A Mr. Robert Wilhelm, Cheryl Ave Kingsville	Md
phy phy nen novo	- 1	APPROXIMATE INI	TERVAL
ding frem		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY	D DEATH
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aw rading Iding been been the or to		Congestive heart failure and pulmonary thrombo-embolism 190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFY	ING
offer la off	7	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FIND.NGS CONSIDERED IN CERTIFY CAUSES OF DEATH? 120. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED. (Finer nature of injury in Part 1 or Part 2, Herr IR.)	
		Gunty OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year	
JING RHYS If the hos ifter this ce be detache State Dept.		White Not white OFFICE BUILDING, ETC	Stote
MG I the er th e de:		of work of work	wol las
= 7 4 7 0		22a. I certify that (I) (this haspital) attended the deceased from May 1 , 19.68 , to May 6 , 19.68 , that (I) (saw the deceased alive an May 6 , 19.68, and that in (my) (aur) apinian death accurred an the date and haur and it	rom the
ATTENI retained ECTOR: A 3 should with the		causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED	
OR A		DEGREE PHYS. DIRECTOR DIRECTOR STAFF 5-7-1968	
ral D noy be AL Dil page e filed		22d. PHYSICIAN'S 22e ADDRESS	
SRITAL 4 moy NERAL I for, pag	/	Thes Cilliant N.D.	
TO HOSPITAL OR ATTEINED Page 4 may bill retained TO FUNERAL DIRECTOR: director, page 3 should be filed with the	A	30 BURIAL CREMATION, PANY STATE STAT	ote)
(1	4 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR 5 SIGNATURE	
VR A15 [4] 30M REV 1/6	Ú.	Leonard J. Ruck, Inc. Balto. Md. 212 14 DATE MAY 7 1968 floorles Judg	-



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	*		CE	KIIFI	LAIE OF DEATH		i i	584	€.
	CEASED NAME First		M.ddle		Last	2a. DATE OF DEATH			2b. HOUR
(1	ype or print) DEM	a U	/iLL			Manth _	Day 3	Year 68	M
3. SE		4. RACE			S. DATE OF BIRTH	6. AGE (In y		ER I YEAR	F UNDER 24 HRS.
	F	(N		Feb. 5, 1879		YRS MONTHS	OAYS	HOURS MIN.
		CITIZEN OF WHA	AT COUNTRY? 8.	MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	_		
$\overline{}$	Maryland	U.S.	1	WIDOWED:	DIVORCED [Baltimore			Md.
10. C	or fown of death Catonsville	give st	ME OF HOSPITAL OR INSTIT treet address)	,	during m	AL OCCUPATION (Kind of wa iost af working life, even if i I Sewi fe		KIND OF BL USTRY	JSINESS OR
130	USUAL RESIDENCE (Where deceased	lived, if institution	on Residence before 1	3c CITY OF	R TOWN 13d. INSIDE CITY		M8ER		
		13b. COUNTY				°□ 4016 Hil		Ave.	
14. 6	ATHER'S NAME First	Middle	Last	1	S. MOTHERS MAIDEN NAME	First /	Middle		Last
		Hohman						_	
16a.	WAS DECEASED EVER IN U.S. ARMED		16b. SOCIAL SECURITY NO		INFORMANT		ddress		
L.	es, na_or unknown) (If yes give wor o	ii davos ov sorvicos		W	illiam H. Wi	11, 4016 Hill	crest Av		
	18. CAUSE OF DEATH (Enter only o	one cause per lin	e far (a) (b), and (c))		۸			APPROXIMA BETWEEN ONSI	
	PART I. DEATH WAS CAUSED B	SY: CAUSE (a)		Bro	redes me	والمراجع المالية		7 0	wys
	279 minutal		S A CONSEQUENCE OF		7				
	Canditions, if any, which gave		S A CONSERVED OF	Ac	mixati un	4			
	rise to immediate couse (o),	(b)	S A CONSEQUENCE OF	111	a vasa o-				
	stating the underlying cause	(1) C	eveloul art	LYIDS	clevesis Tuel	Lility to swe	Deric		
	PART 2. OTHER SIGNIFICANT CONDI	177							
×	Generalized	Arte	vius clero	~s -	- Recent an	yentation of	ley d		, Jangre
CERTIFICATION	190. DATE OF OPERATION 19b. COI	NDITION FOR WHI	CH OPERATION WAS PERFO	ORMED	20a AUTOPSY? YES NO S	20b. IF YES, WERE FE CAUSES OF DEATH?	INDINGS CONSIDE	RED IN CER	TIFYING
E	210 ACCIDENT WAS UNDERLYING	21b TIME OF	INDIRY	21c H		er nature of injury in Port 1 a	r Part 2. Item 18	3.1	
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Month Day Year	216.11	ion mount occomes from	ar manar or mjerj m rom i a	,, , , , , , , , , , , , , , , , , , , ,		
MEDICAL	(If either, nat.fy medical examiner, 21d. INJURY OCCJRRED 21e. PL		AT HOME CARM STREET CATTOR	V 1: 016 1	OCATION Secret DED M	a. City ar Tawn	Cour	m da a	State
	of work at work				OCATION Street at R.F.D. No.			,	
	22o. I certify that (I) (this	hospitol) otte	nded the deceosed	from_	11-5-, 19	57,10 5-13	-, 1968	_ , thot (I) (we) lost
	sow the deceased aliv couses stated obove, (e nn '	5 - 13 - 19		nd thot in (my) (our) oc	inion deoth occurred or	n the dote on	d hour or	nd from the
	22b. SIGNATURE Caron i	/alle	Covero	DEG		MED. STAFF DIRECTOR PHYS.	22c DATE SI	IGNED {\{-	68
	22d. PHYSICIAN'S NAME (Type) CESAI	R VALLE	CAVERO,	.D.	22e. ADDRESS	629 Liberty	Road		
23a.	BUR AL, CREMATION, 23b. DA	TĒ	23c NAME OF CE	METERY OF	R CREMATORY	23d LOCATION (City or To	wn) (Cau	inty)	(State)
	REMOVAL (Specify)	16-1968	Cedar	Hi11	Cemetery	Ritchie Hgw	A.A.	o M	1
	FUNERAL DIRECTOR George		ADDRESS		25o REC'D	BY REGISTRAR 1968 RE	GISTRAR'S SIGNA	TURE	Lec.
116	Ol Ritchia Horn	P-14-	Mawa Md	2722	E DATE ME	1 1 1000	7	10	

Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law remuires that the death certificate be exacuted within 24 haurs after Meath. Pages **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papels: should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within 72hal Poge 4 moy be retained by the hospital or ottending physician.

4

33834

VR A15 (4) 30M REV 1/68

4001 Ritchie Hgwy., Baltimore,



19 65 , that (I) (we) last 220. I certify that (I) (this hospital) attended the deceased from 1-24 4 - 2 19 60, and that in (my) (our) opinion death occurred on the date and hour and fram the couses stated above, (I) (we) (did) (did nat) view the bady ofter death.

> **ATTENDING** DEGREE PHYS

M.D.

22e. ADDRESS

MED. DIRECTOR

22c DATE SIGNED STAFF PHYS.

May 3, 1968

BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETERY OR CREM	ATORY
REMOVAL (Specify) Burial	5/6/68	Sacred Heart of	Je
FUNERAL DIRECTOR		ADDRESS	

John V. Conway

eart of Jesus Cem

23d LOCATION (City or Town)

(County) Baltimore, Maryland

John J. Duda. 7922 Wise Ave. Dundalk. Md.

DATE

2Sa REC'D BY REGICTRAR

914 "D" St. Sparrows Point. Md. 21219

O FUNERAL DIRECTOR: After this certificate be retained filed , page be filed director, VR A15 (4) 30M REV 1/68

ed in by the funeral operation ages I and 2 in 72 habits after death.

remaye carban

burial-transit

as the has been

far

detached

should

While Nat while ct wark

22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type

saw the deceased alive on....

burial

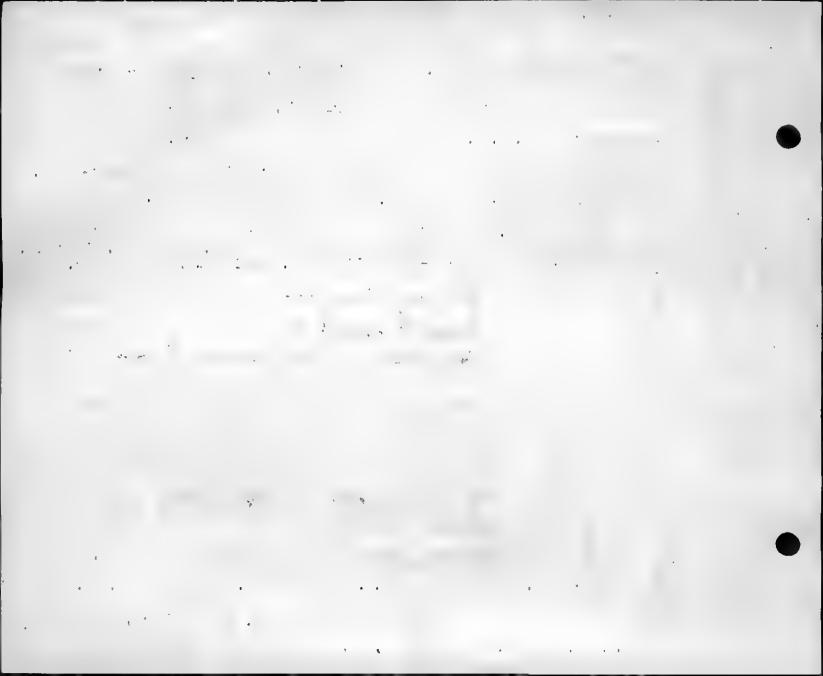
signed by

event,

physician and campletely en please remave carban

24 haurs after death

requires that the death certificate be executed within



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 20 DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle (Type or print) Louis. a Williams A. 5 DATE OF BIRTH 6. AGE (In years 4. RACE 3. SEX last birthday) MONTHS 12/12/22 White Male 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State as fareign 8 MARRIED NEVER MARRIED Baltimore U.S.A. DIVORCED [Maryland WIDOWED [17 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH give street oddress)St. during most of working life, even if retired.) Joseph Towson 130 USUAL RESIDENCE (Where deceased lived, it institution. Residence before 13c, CITY OR TOWN 13e, STREET AND NUMBER #21236 13d. INSIDE CITY LIMITS? admission) STATE Marvland 135 COUNTY Baltimore 7701 Windy Ridge Rd. Baltimore YES IS, MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Last Middle Williams Frank Address 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknown) (If yes give wer or doles of service) 7701 Windy 219-18-5602-18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY Acute Cardi BETWEEN ONSET AND DEATH Acute Cardio Respiratory Insufficiency IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Pulmonary atelectasis Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Severe kyhoscoliosis stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Respiratory acidosis 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a, DATE OF OPERATION CAUSES OF DEATH? YES 🔀 NO 🔲 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

Month Day Year

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

MED. DIRECTOR

City or Town

State

County

22a. I certify that (1) (this haspital) attended the deceased from May 8 , 19.68 , ta May 12 , 19.68 , that (1) (we) last saw the deceased alive on May 12 , 1968 , and that in (12) (aur) apinian death accurred an the date and haur and from the causes stated above (1) (we) (did) (13,00%) view the bady after death.

22c. DATE SIGNED

May 12, 1968

(Caunty)

Horal and Park Cometery Balti
ADDRESS 250. RECD BY REGISTRAR
ADDRESS 15 Lassahn Funeral Home 7401 Belair Road 21236

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

ATTENDING

22e. ADDRESS

7620 York Rd.

23d LOCATION (City or Town)

Baltimore

255 REGISTRARS GNATURE

VR A15 [4]

low requires that the death certificate II e executed within 24 hours

signed by the attending physician and completely filled burial-transit permit. Then please remove carbon polos

for use

ond in any event, within

30M REV 1/68

O FUNERAL DIRECTOR: After this certificate has been director, page 3 should should be filed with the 22d. PHYSICIAN'S 23a. BURIAL, CREMATION,

REMOVAL (Specify) 24 FUNERAL DIRECTOR

OR CONTRIBUTING CAUSE OF DEATH

While Nat while at wark

22b. SIGNATURE

NAME (Type)

HOUR A.M.

P.M.

R. Orjuela Gomez, M.D.

23b. DATE



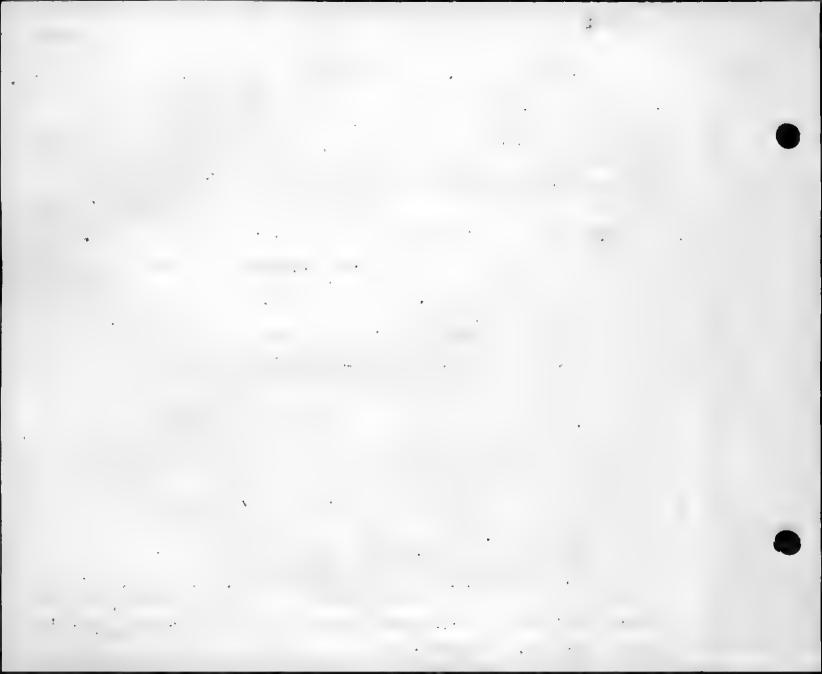
,	_	It	em 18 Film 406 10-10-00 MARTLAND STATE DEPARTMENT OF HEALTH	
N. Carried	1 1 15		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2
j	(IVi)		CERTIFICATE OF DEATH	ž 4
Ė	_二二十二		ECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b HOUR
death	unerol 1 and 2 er deoth	1 (1	Type or print) EMORY RALPH WIMERT MAY 16 19	OK GAM
No.	ter – ter	3. SE	EX 4 RACE S. DATE OF BIRTH 6 AGE (In years I FUNDER)	YEAR IF JHOER 24 HRS DAYS HOURS MIN.
6	S of a		MALE WHITE 9/18/1900 lost birthday) YRS STIRS	DATS HOURS MIN,
(Sil	a on on		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED FREVER MARRIED 9. COUNTY OF DEATH	
4-	Z hers	cani	HARYLAND USA WIDOWED DIVORCED Baltimore County	, Md
The low requires that the death certificate be executed within 24 hours	physicion. signed by the ottending physician and completely filled in by the fur signed by the ottending physician and completely filled in by the fur buriol, cremation, or removol, and in any event, within 72 hours after	10. 0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b K)	ND OF BUSINESS OR
with	wit of	M	Mount Wilson give street address) during most of warking life, even if retired INDUS	1K1
p	carl ant,	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d (MSIDE CITY LIMITS? 18e STREET AND NUMBER	r
Š	omic ove	- A	MARYLAND 130 SAROLL WESTHINDTEN YES NOW RFD # 4 WESTI	MINSTER
exe	ond c remc in any	14. 1	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
be	n or din		JOSEPH WIMERT AGNES	(TZ
ofe	physician c nen please lovol, and ir		NWAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, ng, gr unkngwn) (If yes grow war or dates of service)	
ij	hys vol.		7/7 Records, Mt. Wilson State Hos	pital
9	ottending p permit. The ion, or remo		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Carcinoma of the Lungs	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
t oa	or r		PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) DAYADDRING IAIL BLANDERVENDED IN	
-D	off on,	1	1621 DUE TO, OR AS A CONSEQUENCE OF	
두	sit p		Conditions, if any, which gave rise to immediate cause (a). (b) At UN ROYALD WILL TO UN TO CAUSE (a).	
약	by Gren		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
Tes.	/sic iol-loi		(c)	
inba	physicion. signed by the buriol-transit buriol, cremat		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
≥:	the r to	8	763X	
0	of or aftending icate hos been for use as the Health prior to	CENTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?	IN CERTIFYING
	E S S E		YES NO CHARLES OF DEATHS	
PHYSICIAN:	ne nospiral or his certificate etoched for u Dept. of Heol		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Contraination Contra	
	spiritification of the control of th	MEDICAL		Chah
₹.	is confident	~	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City at Tawn County While Nat while	State
	by me nospi fler this certi be detoched Stote Dept. o		grwork grwgrk	About (D. Com V.)
_ <u>≅</u> .	Afte be Sto		220. I certify that (I) (this hospital) attended the deceased from 1744 10, 1968, to 1944 16, 1968, saw the deceased olive an 1744 16, 1968, and that in (my) (our) opinion death accurred an the date and the control of the control o	that (I) (we) last
<u> </u>	the the		couses stated abave, (I) (we) (did) (did not) view the bady after death.	adi and irani me
OR ATTENDING			22b. SIGNATURE 22c. DATE SIGN	ED
~ ~	ed v		DEGREE PHYS DIRECTOR LA PHYS	
IAL	AL AL		22d. PHYSICIAN'S NAME (Type) but the second	
O HOSPITAL	Poge 4 moy be retained by the nos burneral DIRECTOR: After this ce director, page 3 should be detoche should be filed with the Stote Dept.		William Newcomer, M.U. Mount Wilson, Maryland	
운	direct No.	23a.	BUR.AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County REMOVAL (Specify)	y) (State)
2	2 2 7		13 7 at 0/20/08 21824 Mell Melle Hardense Jambostava CA	mel, mid.
	VR A	24.		ander.
	30M REV-1/68	1/	from E. Mayed Westminster, Med. DATE MAY 20 1968 follower	10



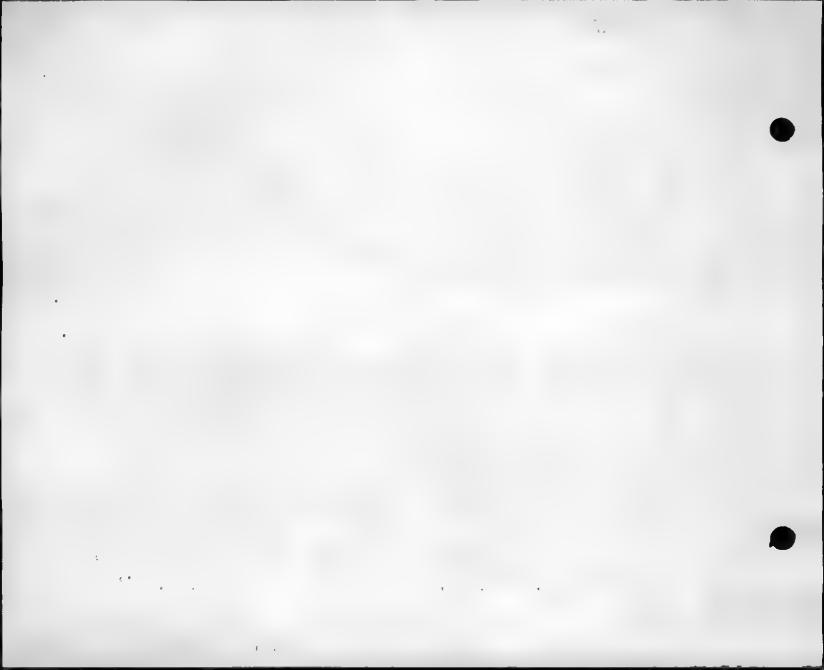
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20840 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE KNOWN 2b. HOUR ESTI-(Type or Print) Streett DEATH MATED X 5/13 DOROTHY WISNOM oţ, 2c DATE PRONOUNCED DEAD 4 RACE 5 DATE OF BIRTH 6 AGE (In years 3 SEX puo 1968 female. white MARRIED X NEVER MARRIED 9 COUNTY OF DEATH 7c. BIRTHPLACE (State or foreign shauld be forwarded to the Chief Medicol Examiner's Office olong with form CountryMaryland U.S.A. in Item 18. Give Pages 1 WIDOWED [DIVORCED [7] Baltimore the Stote 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito-120. USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR hours ofter death give street oddress) Kolt Farm Lane & Manor Rd. during most of working life, eyen if retired.)
Housewife INDUSTRY anewakkuLong Green lome 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM-TS? lond 2 with 13b COUNTY Limore Kolt Farm Lane & Manor Rd. 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Emma Adelia Whiteford Streett Charles Howard pages IT S. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO This certificate should be executed within in pencil (Yes, no, or unknown) Schumacher Balto. James File 72 within 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) AS CAUSED BY. Massive Internal Bleeding due to Gunshot Wound PART I DEATH WAS CAUSED BY. pending Conditions, if any, which gove rise to immediate couse (a). the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse E removal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) o nsed (19e. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES X NO 🗔 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21b TIME OF INJURY Month, Day Year PRIMARY XOR CONTRIBUTING :30 P.M SICAL EXAMINER: cremation, 5/13 19 68 subj. was shot in chest CAUSE OF DEATH 21f LOCATION Street of R.F.D. No. City or Town County 21e PLACE OF INJURY (At home, form, street, State foctory, office building, etc.)
home AT WORK AT WORK Glenarm, Baltimore, Maryland 22a. I certify that I taak charge of the remains described above, held on Autapsy [X], Inquiry , Inspection . and in my apinian Suicide Hamicide X death resulted from: Natural causes Accident . Undetermined manner CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER 5/14/68 DEPUTY MEDICAL EXAMINER Spitz **EXAMINER'S** Dealth ADDRESS(Street, city, town, or county) NAME (Type) 23d LOCATION (City or Town) 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. REMOVA (Spec fy) 5/16/1968 William Watters Mem. | Cooptown. Harford ADDRESS 2So REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Jarrettsville. Md. Charles E. Kurtz DATE VR A15ME 21084



MARYLAND STATE DEPARTMENT OF HEALTH 26239 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 56846 CERTIFICATE OF DEATH DECEASED-NAME First Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) WOHLGEMUTH Veronica Pagest ofter 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday YRS. HOURS MONTHS October 9, 1898 White low requires that the death certificate be executed within 24 hours or Female ve corbón papers. Pag event, within 72 hours signed by the ottending physician and completely filled in by buriol-transit permit. Then please remove corbon papers. Buriol, cremation, or remaval, and in ony event, within 72 hour 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🗶 NEVER MARRIED 🗍 country) U.S.A. Baltimore. New York WIDOWED | DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
ST. JOSEPH HOSPITAL during most of working life, even if retired.)
Homemaker Towson 130 LSUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 3d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b. COUNTY 713 Anneslie Rd. Baltimore YES NO F 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Fitzgerald Bridget Kennedy Thomas 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give wor or dates of service) George Wohlgemuth Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) Hemoperi cardium with cardiac tamponade DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Impending myocardial rupture rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Acute posterior myocardial infarction PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Page 4 may be retained by the hospital or attending drector, page 3 should be detached for use as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IE YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 3 NO 🗔 23a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY DCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (X (this haspital) attended the deceased from 4/29/ , 19_67, ta__5/5/ , 19_68, that (A) (we) last saw the deceased alive on 5/5/ 19 68, and that in (pr) (aur) apinion deoth occurred on the date and haur and from the causes stafed above [4] (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR 5-5-1968 DEGREE PHYS 22d. PHYSICIAN'S-22e. ADDRESS NAME (Type) Samuel Lee, M.D. 7620 York Rd., Towson, Md. 21204 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION (County) (State) REMOVAL (Specify) 5/9/68 Arlington National Arlington 1968 REGISTRATE SIGNAL PE 24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR VR A15 (4) Leonard J Ruck Inc. B altimore, Maryland 30M REV 1768 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20040 3684i CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g DATE OF DEATH Lost 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) 3:55PM 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF LINOER 24 HRS. 6. AGE (In years last_birthdoy) MONTHS 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED! ave carban papers. , event, within 72 hau the attending physician and campletely filled in sit permit. Then please remave carban papers. country) V.5. WIDOWED 🔀 DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) OUSEWIFE 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN 13e STREET AND NUMBER and in any 14. FATHER'S NAME 15. MOTHER'S MAJDEN NAME First Lost LESTE G. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Yes, na. ar unknawn) ar remayal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY Chronic Brain Syndrome IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t burial-transit Generalized Arteriosclerosis rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO [far use Health 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH Manth Day Year HOUR A.M. (If either, notify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from __June ____, 19_52, ta____Nay ___, 19_68_, that (I) (Well last saw the deceased alive an __Nay _25 _____19_68, and that in (my) (EV) apinian death accurred an the date and haur and from the causes stated above, (1) (eye) (did) (eye not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING □ May 27,1968 PHYS DIRECTOR PHYSICIAN'S 22e. ADDRESS director, po Mallow Hill Ave. . NAME (Type) Baltimore, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURIAL CREMATION, (County) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First 20. DATE OF DEATH requires that the death certificate be executed mithin 24 hours ofter death (Type or print) CLARA WOLVERTON the ottminding physician and completely filled in by thm furnerol sit permit. Then please remove carbon papers. Pages India S. DATE OF BIRTH 6 AGE (In years FEMALE CAUCASIAN iost birthday) 10-27-08 nn. Then please remove carbon papers. Pages or removal, and in any event, within 72 hours of 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED MARYLAND USA BALTIMORE WIDOWED-DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking if e even if retired ! give street address) BRLT, MORE 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13b COUNTY MORE BRUTIMORE 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First MERISETH LACEY NETTIE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, er (inknown) Miss Doris Wolverton 204 E. Joppa Road #4 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH burial-tronsit permit. Canditions, if any, which gave) rise to immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Ton been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [KO V 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work of wark 22a. I certify that (I) (this hospital) attended the deceased fram 4-3-, 19-68, ta 5-8-19-68, that (I) (we) last saw the deceased alive on 7-7-5-5-19-68, and that in (my) (our) opinion death accurred on the date and hour ond from the causes stated above, (I) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR Astalnan DEGREE 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) director, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify) 5/11/68 Balto, Greenmount Mausoleum 25b REGISTRANS SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR 6500 York Rd. Mitchell-Wiedefeld Home 30M REV. DATE Baltimore, Md. Ziziz

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 A6842 CERTIFICATE OF DEATH Lost 2a. DATE OF DEATH 2b. HOUE DECEASED NAME First 24-hours ofter death (Type or print) GEORGE WOODFORK 3:10Pv JE UNDER 1 YEAR F UNDER 24 HRS 6. AGE (In years 4. RACE S. DATE OF BIRTH 3. SEX NECRO MALE thdoy) 4/13/1901 9 COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED [7] NEVER MARRIED country irginia RALTIMORE COUNTY. U.S.A. WIDOWED FA DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired) RATIROAD ve street oddress) VET. ADM. HOSPITAL FORT HOWARD carbon the ottending physician and completely is permit. Then please remove carbon 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE MARYLAND 13b COUNTY BALTIMORE YEST NO [507 W. Lafayette Avenue 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Last Vestelia Jones Woodfork Warner 16b SOCIAL SECURITY NO. 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) 218 03 94 49 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) CARCINOMA OF BLADDER WITH LUNG METASTASIS PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) burial-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO T O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while of work 220. I certify that (1) (this hospital) attended the deceased from 1/20/60 sow the deceased olive on 19 ond that in (1) ond that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above; (we) (did) (Mixing) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR 5/14/68 PHYS VAH FORT HOWARD, MARYIAND 22d. PHYSICIAN'S JOHN D. TALBERT, M. D. NAME (Type) director, should b 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE 230. BURIAL, CREMATION, 5-17-68 BALTIMORE, MARYLAND BALTIMORE NATL. 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV 1/68 1701 E. Laurens Street Baltimore.

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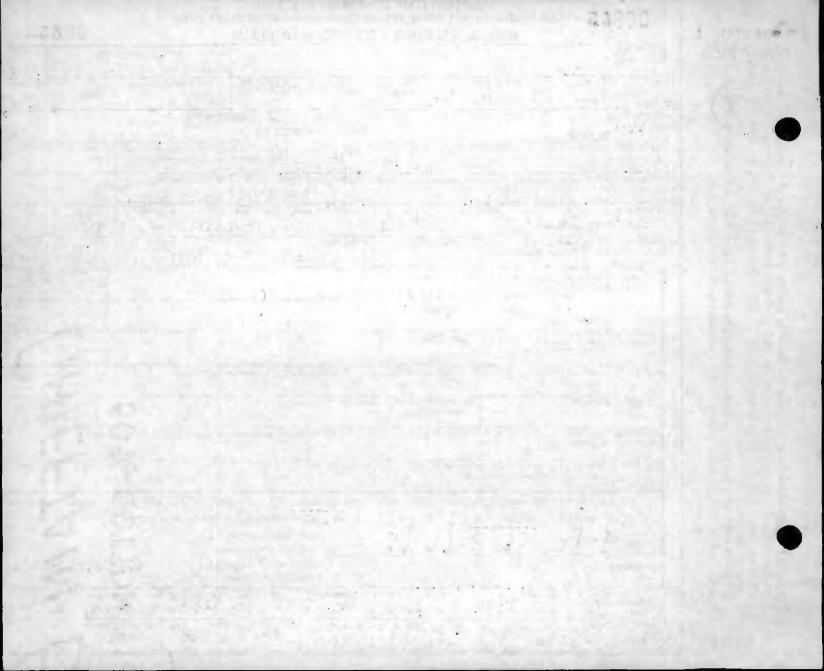


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle HEALTH DEPT. First 2g DATE KNOWN (Type or Print) EDWARD ZAHNER Page DEATH MATED Mae iny deloy i IF JNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOLINCED DEAD 3. SEX 4 RACE S DATE OF BIRTH PM3. 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED form pencil in Item 18, Give Pages 1, WIDOWED P DIVORCED USA 12g. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital olang with HO Actioning most of working life even if retired.) LINDUSTRY give street oddress) 312 REGISTER ARMACOST NURSING MACHINIST death. 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE LITY JIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY BALTO 7/2 RIVERSIOE land 2 \ Middle IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME ZAHNER 5CHROLL hours 16b SOCIAL SECURITY NO 17 INFORMANI be executed within (Yes, no, or unknown) 151-01-04-27 ED. A. ZAHNER E within 18. CAUSE OF DEATH (Enter only one cause per line for (a) b), and (c). PART I. DEATH WAS CAUSED BY pending" IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF buriol-transit Canditions, if any, which gave rise to immediate cause (a) This certificate should writing the word DUF TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day Year 21c. HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Tawn County State factory, office building, etc.) WHILE NOT WHILE AT WORK 22a | certify that | took charge of the remains described above, held an Autapsy | Inspection 7. and in my opinian death resulted from: Natural causes Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER O DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** O'Donnell, M.D. ADDRESS(Street, city, tawn, or caunty) Charles F. 23c NAME OF CEMETERY OR CREMATORY 500 230 BURIAL, CREMATION 23d LOCATION (City or Town) (State) REMOVAL (Specty)

BURIAL 24. FUNERAL DIRECTOR SONS 300 MACE DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06852 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN HEALTH DEPT 1. DECEASED-NAME Middle Month 2b. HOUR Dov Yeor (Type or Print) ESTI-Page D af. PHILIP FITUNG DEATH MATED ny delay 2, and 3 t 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD PM3. HOURS Month Male White YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED TO 9. COUNTY OF DEATH country) Examiner's Office along with farm WIDOWED [DIVORCED in Item 18. Give Pages I and 2 with the State 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if refired.) Balto. 3651 Paski Hillcrest 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN INSIDE CITY EIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES TO NOT haurs Ralto 14. FATHER'S NAME Patricia LEITUNG This certificate shauld be executed within 24 haurs pages pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) File within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) the Chief Medical burial-transit permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (0) Interstitial pneumonia (SDII) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a). the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 0 removal used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES TO pe NO F shauld be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Page 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE NOT WHILE for 22a. I certify that I taak charge of the remains described above, held an Autopsy KX. FUNERAL DIRECTOR: Inspection Inquiry and in my apinian the funeral directar. death resulted from: Natural causes XX Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER May 26, 1968 Health Health **EXAMINER'S** NAME (Type ADDRESS(Street, city, town, or county Edward F Wilson BURIAL, CREMATION, 23c. NAME OF CEMETERY OR ACREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 24/ FUNSRAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06853

£ _2£		CEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR &
deoth and 2 deoth	_	ype or print] Mabel M. Zepp 5 19 68 1:45
ter Ter	3. SE	lost birthdoy) Manths Day's Hours Min.
5 4 5 g		emale Caucasion 11/29/1891 76 YRS.
P S S S		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Baltimore M.
2 Sec	10 (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
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omplet ve car event,		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before issian) STATE Maryland 3b. COUNTY Baltimore Woodstock YES NOW Old Court Road 21163
ond correction any	14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
n or se r		Robert Myers Ida Zimmerman
icote h sician please	lóa.	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. Security Service 18. Security Service 18. Security No. 18. Security No. 18. Security No. 19. Security
ph)	-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
thot the death certifion. by the attending phy transit permit. Then cremation, or remova		PART I. DEATH WAS CAUSED BY:
der ermi on, o		174 X DUE TO, OR AS A CONSEQUENCE OF
the the sit particular		Conditions, if ony, which gove
quires that the physicion. signed by the buriol-transit puriol, cremate		rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF
equires physici signed buriol- buriol,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)
requestion of the state of the		PART 2. UIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)
he low reported of the spen has been as the harior to	NOIT	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
X Se a Se a X	CERTIFICATION	YES NO CAUSES OF DEATH?
interest of the low in the low in the low in the lost been deficient hos been defort use as the of Heolth prior to	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 19
PHYS e hos his ce stache Dept.	MED	21d. INJURY OCCURRED While at work 21d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
by th ffer fl be de Stote		22a. I certify that (I) (this hospital) attended the deceased from 5-7, 1966, to 7-19, 1966, that (I) (we) lose sow the deceased alive an 1968, and that in (my) (our) opinion death occurred on the date and haur and from the
ed bed bed bed bed bed bed bed bed bed b		sow the deceosed olive an
Shou		22b. SIGNATURE 22c. DATE SIGNED .
y be re oge 3 oge 3 filed w		Sexalita 4. Contra 1. Doegree ATTENDING DIRECTOR DIRECTOR PHYS. DISTART DIRECTOR DIR
May Sat C	Г	22d. PHYSICIAN'S NAME (Type) ISABELITA CORDOBA, M.D. 22e. ADDRESS
O HOSPITA Page 4 may O FUNERAL director, po should be	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCANON (City or Town) (County) (State)
TO HOSPITAI Page 4 may TO FUNERAL director, po should be fi		Burling Way 22.1968 Xonnama Var Wood lawn Vito
VR A15	24.	FLINERAL DIRECTOR 2SD. REGISTRAR'S SIGNATURE
30M REV. 1/88	4	oning ByErs - 8728 X. Devity Ja Jour My DATE MAY 29 1968 Scharles Judge

